

**South Carolina Department of Health and Environmental Control  
Ryan White Part B Funding  
FY22 Grant Year**

**REQUEST FOR GRANT APPLICATIONS (RFGA)**

**CFDA Number: 93.917**

**Posting Date: October 8, 2021**

**ATTENTION! IMPORTANT DETAIL!**

<b>Your application <u>must</u> be submitted in a <u>sealed</u> package. (Original + 4 copies marked as "Copy") RFGA Number and Deadline/Closing Date (see below) must appear on package exterior.</b>
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<b>Deadline/Closing Date for Applications:</b>	<b>Must be received in the SC DHEC Public Health Contracts Office no later than December 6, 2021, by 2:30 PM EST</b>
<b>RFGA Number: FY2022-RFGA-HV-206</b>	

<b>Submit your sealed package to either of the following addresses:</b>	
<b>MAILING ADDRESS:</b> SC DHEC – Public Health Contracts Bureau of Business Management 2600 Bull Street Columbia, SC 29201	<b>PHYSICAL ADDRESS:</b> SC DHEC – Public Health Contracts Bureau of Business Management Columbia Mills Building – 4th Floor 301 Gervais Street Columbia, SC 29201 <b>See additional physical address information below</b>

**Number of Copies to be Submitted: One (1) original and four (4) copies marked as "Copy"**

The South Carolina (SC) Department of Health and Environmental Control (DHEC) offers this Request for Grant Applications (RFGA) for the funds administered by DHEC for the State of South Carolina from the U.S. Department of Health and Human Services, Health Services and Resources Administration (HRSA), Ryan White HIV/AIDS Treatment Extension Act, Part B Program. Acceptable applications that will be considered as part of this grant program are those that support the activities, goals, and objectives as required by the Federal Ryan White HIV/AIDS Treatment Extension Act, Part B Program, and DHEC Public Health, STD/HIV/Viral Hepatitis Division, Ryan White Part B Program. The use of these funds is subject to all federal and state requirements as outlined in the scope of work and revisions to the requirements made during the subrecipient agreement Project Period. Funds may not be used for any other purpose. DHEC reserves the right to determine whether or not a proposal falls within the scope of activities and is eligible under the stated guidelines. Applications are only accepted during the Request for Grant Applications period and will be evaluated by DHEC evaluators or reviewers based on the award criteria stated in the solicitation.

It is the intent of DHEC to accept grant applications from organizations to become subrecipients of Ryan White (RW) Part B Program funding providing comprehensive, high quality HIV care services for low-income people living with HIV (PLWH) in eleven (11) specific service areas of the state: **1) Anderson, Oconee, Pickens, and Greenville counties; (2) Spartanburg, Cherokee, and Union counties; (3) York, Chester, and Lancaster counties; (4) Laurens, Abbeville, Greenwood, Saluda, McCormick, and Edgefield counties; (5) Newberry, Fairfield, Kershaw, Lee, Lexington, Richland, Sumter, and**

**Clarendon counties; (6) Chesterfield, Marlboro, Darlington, Dillon, Marion, and Florence counties; (7) Horry Georgetown, and Williamsburg counties; (8) Calhoun, Orangeburg, and Bamberg counties; (9) Aiken, Barnwell, and Allendale counties; (10) Colleton, Hampton, Jasper, and Beaufort counties; and (11) Berkley, Dorchester, and Charleston counties.**

DHEC is also accepting applications for Ryan White Part B Emerging Communities (EC) funding for providing RW Part B eligible core and supportive services to RW Part B eligible clients living with HIV within two HRSA-designated EC's in the state: **(1) Columbia; and (2) Charleston-North Charleston-Summerville.**

DHEC is also accepting applications for Ryan White Part B Minority AIDS Initiative (MAI) funding for statewide prison discharge planning and local jail outreach programs to increase racial and ethnic minority populations' participation in the AIDS Drug Assistance Program (ADAP).

The subrecipients shall use awarded Federal Ryan White HIV/AIDS Treatment Extension Act, Part B Program funds to provide RW eligible services to RW Part B eligible persons in accordance with all federal and state requirements.

Provision of services will be required to begin within sixty (60) days of the execution of a subrecipient agreement.

The anticipated annual amount of award, based on the anticipated available grant year funding, is as follows:

**Ryan White Part B Program Funds: \$14,000,000:**

1. Anderson, Oconee, Pickens, and Greenville counties
2. Spartanburg, Cherokee, and Union counties
3. York, Chester, and Lancaster counties
4. Laurens, Abbeville, Greenwood, Saluda, McCormick, and Edgefield counties
5. Newberry, Fairfield, Kershaw, Lee, Lexington, Richland, Sumter, and Clarendon counties
6. Chesterfield, Marlboro, Darlington, Dillon, Marion, and Florence counties
7. Horry, Georgetown, and Williamsburg counties
8. Calhoun, Orangeburg, and Bamberg counties
9. Aiken, Barnwell, and Allendale counties
10. Colleton, Hampton, Jasper, and Beaufort counties
11. Berkley, Dorchester, and Charleston counties

Estimated awards will be formulated with the following: HIV prevalence data by county from DHEC's Surveillance, Assessment and Evaluation Division; the number of PLWH served in the last complete calendar year based on Ryan White Services Reports (RSR); other RW funds awarded in the service area; the number of PLWH served in the last complete calendar year by subrecipient (if a previously funded) based on RSR; proposed services in subrecipient application; unmet need in the service area; and ADAP Insurance Assistance Program (IAP) participation/enrollment of subrecipient. Other program service needs and priorities may be included at DHEC's discretion.

Multiple awards may be awarded per service area with \$50,000 as the minimum individual award.

**\*ESTIMATE ONLY: FUNDING FOR SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS, AVAILABLE ADAP REBATES, AND SERVICE PRIORITIES.** Subrecipients awarded Ryan White Part B Program subrecipient agreements will receive Ryan White Part B Base Federal funds. The full Ryan White Part B Program subrecipient agreement may be awarded as a combination of Ryan White Part B Base, Ryan White Part B Supplemental, and Ryan White Part B ADAP Rebate funds at

DHEC's discretion dependent on federal and state requirements, funding availability, and service priorities. Each funding source must be budgeted, tracked, reported, and invoiced separately. Estimated award amounts may increase or decrease due to the amount and/or availability of funding at the time of the awards.

**Ryan White Part B Emerging Communities (EC): \$562,416\***

1. Columbia: \$353,981\*
2. Charleston-North Charleston-Summerville: \$204,550\*

Emerging Communities funding will be awarded after Ryan White Part B Program awards are made. Funding allocations for each designated EC are determined by HRSA. EC funding will be awarded only to Ryan White Part B Program subrecipients that are located in an area designated as an EC and who applied for EC funding.

Up to two (2) awards may be awarded per HRSA designated EC with \$50,000 as the minimum individual award.

\*ESTIMATE ONLY: FUNDING FOR SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS. Estimated award amounts may increase or decrease due to the amount and/or availability of funding at the time of the awards.

**Ryan White Part B Minority AIDS Initiative (MAI): \$203,997\***

MAI will fund the following programs:

1. Statewide Prison Discharge Program: \$48,961\*
2. Local Jail Outreach Program: \$155,036\*

Minority AIDS Initiative funding will be awarded after Ryan White Part B Program awards are made. MAI funds will be awarded only to Ryan White Part B Program subrecipients who also applied for the Minority AIDS Initiative funding.

One (1) subrecipient may be funded for the Statewide Prison Discharge Program at \$48,961\*.

Up to four (4) subrecipients, but only one (1) per service area, may be funded for the Local Jail Outreach Programs at \$38,759\* per award. Preference for Local Jail Outreach Program awards will be for subrecipients serving the four (4) counties with the highest minority HIV prevalence, which are Richland, Charleston, Greenville, and Florence. Awarded subrecipients are expected to establish relationships with the jails in the designated counties and surrounding areas. Prevalence is from 2020 prevalence data by county from DHEC's Surveillance, Assessment and Evaluation Division.

\*ESTIMATE ONLY: FUNDING FOR SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS. Estimated award amounts may increase or decrease due to the amount and/or availability of funding at the time of the awards.

Ryan White Part B Program subrecipient agreements, including Ryan White Part B Emerging Communities and Ryan White Part B MAI, as applicable, will be awarded for up to a five (5) year project period, with annual renewals, depending on performance, availability of funds, and service priorities. Annual award amounts may increase or decrease.

**Eligibility:** Organizations that are eligible to apply for funds must comply with the following:

1. The applicant must have at least three (3) years of documented, established history (within the past three (3) years) of providing quality RW eligible services of HIV medical care, HIV medical case management, and/or supportive services (consistent with RW eligible services) to Ryan White Part B eligible PLWH as outlined in the attached RFGA, Section III, Scope of Services.
2. The applicant must be physically located in the service area (or will be physically located in the area within 60 days of the start of the subrecipient agreement) for which they are applying and must provide services to PLWH living in all counties in the multi-county service area.
3. The applicant must have the infrastructure capacity to operate on a cost reimbursement basis without prompt reimbursement, as reimbursement typically occurs 30-60 days after invoicing.
4. The applicant must have the documented organizational fiscal stability to maintain its organization's core services without the Ryan White Part B Program funds provided in this grant process.
5. The applicant must submit a Certificate of Existence, also known as a Certificate of Good Standing from the South Carolina Secretary of State. This certificate states that an entity is in good standing with the Secretary's Office, and has, to the best of the Secretary of State's knowledge, filed all required tax returns with the South Carolina Department of Revenue. The Certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>
6. DHEC subrecipients in a probationary status with DHEC are not eligible to apply for additional federal funding or funds derived from federal funds.
7. A subrecipient previously terminated by DHEC must wait three (3) years before an application will be considered for funding from DHEC.
8. A completed pre-award risk assessment must be included with the application and will be reviewed by DHEC's Bureau of Financial Management and provided to the review panel evaluators to be included in the award decisions. (**Attachment 10**).

**Risk Assessment:** As noted in the Code of Federal Regulations 2 CFR 200.331 (b), DHEC as the passthrough entity of federal grant awards, is responsible for monitoring subrecipients for compliance with all requirements of the award and applicable federal, state, county and municipalities laws, ordinances, rules, and regulations.

Pre-award - DHEC has adopted a best practice approach of performing pre-award risk assessments before applicants receive Federal subawards. This best practice is consistent with 2 CFR 205. The pre-award risk assessment (**Attachment 10**) will be in the form of a questionnaire to be completed by the applicants/potential subrecipients.

**Applicants should refer to Section IV: Information for Applicants to Submit/Scoring Criteria, under Item A - Eligibility Determination Documentation to review eligibility documentation and submission requirements.**

**If the applicant is deemed eligible to apply based on the requirements above and in Section IV, the applicant must also be able to fulfill the Scope of Services in Section III for each Component in which it is applying.**

**How to Apply:** See the Request for Grant Applications (RFGA) for additional details regarding information to be included with your submission. A cover letter should be included and signed by a person having authority to commit the applicant to a subrecipient agreement with DHEC. Eligible applicants must submit the required documents to either the mailing address or physical address listed above.

**Deadline:** The deadline for all applications is December 6, 2021, by 2:30 P.M. EST

**Questions & Answers:** Questions will be accepted until 5:00 P.M. EST, October 18, 2021. All questions must be submitted in writing to Leigh Oden at [odenl@dhec.sc.gov](mailto:odenl@dhec.sc.gov). Responses will be posted by October 22, 2021, by 5:00 PM EST.

**RFGA Webinar:** DHEC will also hold an informational webinar providing details on this RFGA and related activities and requirements on October 21, 2021, at 1:00 P.M.

Follow this [LINK](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzdjYjQ0Y2QtMDdkYy00NjhiLWE5MmItYmUyZTg4NTVkZmRi%40thread.v2/0?context=%7b%22Tid%22%3a%223326c488-7e33-421b-8f59-09a39c26bbaa%22%2c%22Oid%22%3a%222efb4a2e-748a-42b3-ac75-d266ca64e7ad%22%7d) - [https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_NzdjYjQ0Y2QtMDdkYy00NjhiLWE5MmItYmUyZTg4NTVkZmRi%40thread.v2/0?context=%7b%22Tid%22%3a%223326c488-7e33-421b-8f59-09a39c26bbaa%22%2c%22Oid%22%3a%222efb4a2e-748a-42b3-ac75-d266ca64e7ad%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzdjYjQ0Y2QtMDdkYy00NjhiLWE5MmItYmUyZTg4NTVkZmRi%40thread.v2/0?context=%7b%22Tid%22%3a%223326c488-7e33-421b-8f59-09a39c26bbaa%22%2c%22Oid%22%3a%222efb4a2e-748a-42b3-ac75-d266ca64e7ad%22%7d)

**Available Funding Date:** Final selection of all successful applicants is anticipated to be made and notifications released on or before February 14, 2022. Final awards are contingent upon available funds, anticipated to be awarded to DHEC by HRSA no later than April 1, 2022. Subrecipient agreements will be executed to be effective when signed by the subrecipient and DHEC. April 1, 2022, is the anticipated start work date.

**SubAward Agreement:** A draft copy of the subrecipient agreement is included in the RFGA (**Attachment 9**).

For more information about this Request for Grant Application process, please visit our website at <https://scdhec.gov/health-professionals/clinical-guidance-resources/hiv-aids-std-resources/prevention>. You must have a state vendor number to receive reimbursement from DHEC. To obtain a state vendor number, visit [www.procurement.sc.gov](http://www.procurement.sc.gov) and select New Vendor Registration. (To determine if your business is already registered, go to “Vendor Search”). Upon registration, you will be assigned a state vendor number. You must keep your vendor information current. If you are already registered, you can update your information by selecting Change Vendor Registration. (Please note that vendor registration does not substitute for any obligation to register with the S.C. Secretary of State or S.C. Department of Revenue. You can register with the agencies at <https://scbos.sc.gov/>).

#### **Additional Physical Address Information:**

Visitors arriving at 301 Gervais Street will notice that this is also the location of the State Museum. Do not enter using the main museum entrance. To enter DHEC, visitors are to proceed from the front of the building to the left side (canal side), following the signs to “Visitor Parking Garage.” Parking is available in the lower and upper deck of the two-level parking garage.

Adjacent to the first floor of the parking garage is a glass door with a DHEC logo. This entrance is locked at all times. Press the intercom button to request entrance into the building. The door will be opened by the DHEC receptionist. When you enter the building, you will be required to sign in. You will be escorted to the 4<sup>th</sup> floor receptionist for your applications to be date/time stamped. If you have any issues with building access, please call DHEC’s procurement receptionist at (803) 898-3501.

It will take several minutes to obtain building access and have your application date/time stamped. Please allow at least thirty (30) minutes for this process of obtaining building access and getting your application

stamped in. The deadline for applications is identified on this Cover Page. Please plan accordingly as deadline times will not be adjusted.

**South Carolina Department of Health and Environmental Control  
Ryan White Part B Program Grant Year 2022**

**Request for Grant Applications (RFGA)**

**I. BACKGROUND**

The Public Health Services (PHS) ACT, Sections 2611 -23 and 2693 [42 U.S.C. 300ff-21-300ff-31b and 300ff-121], as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) authorizes the US Department of Health and Human Services (HHS) to administer the Ryan White HIV/AIDS Program (RWHAP). The Ryan White (RW) Part B program is administered under CFDA #93.917 through the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP). DHEC is the state agency in South Carolina authorized to administer the Ryan White Part B Program in South Carolina.

The Part B funding of the Act is used in developing and/or enhancing access to a comprehensive continuum of high-quality HIV care and treatment for low-income people living with HIV (PLWH) to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

A comprehensive HIV continuum of care includes the following core medical services: outpatient/ambulatory Health Services, oral health care, early intervention services, health insurance premium and cost sharing assistance for low-income individuals, home health care, medical nutrition therapy, hospice services, home and community-based health services, mental health services, medical case management (including treatment adherence services) and substance abuse outpatient care. These services assist PLWH in accessing treatment of HIV infection that is consistent with DHHS screening and treatment guidelines and goals. Current HAB and SC Quality Management Performance Measures can be found at <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio> and [SC Quality Measures 2016 \(scdhec.gov\)](https://www.scdhec.gov/SC-Quality-Measures-2016)

Comprehensive HIV/AIDS care beyond these core medical services also includes access to these support services: non-medical case management services, child care services, emergency financial assistance, food bank/home delivered meals, health education/risk reduction, housing, legal services, linguistic services, medical transportation, other professional services, outreach services, psychosocial support services, referral for health care and support services, rehabilitation services, respite care, and substance abuse services (residential).

The SC Ryan White Part B Program has aligned the program with the following national and state guidance documents:

**The United States *National HIV/AIDS Strategy (NHAS)*, Updated to 2020**

<https://www.hiv.gov/sites/default/files/nhas-2020-action-plan.pdf>

**The National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025**

<https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

**Ending the HIV Epidemic: A Plan for America**

<https://www.cdc.gov/endhiv/docs/ending-HIV-epidemic-overview-508.pdf>

### **S.C. DHEC's HIV/AIDS Strategy, 2017-2021**

[https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/SC%20HIVAIDS%20Strategy\\_2017-2021\\_FINAL\\_091916.pdf](https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/SC%20HIVAIDS%20Strategy_2017-2021_FINAL_091916.pdf)

### **S.C. DHEC's Ending the HIV Epidemic (EHE) Plan**

[https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025\\_FINAL.pdf](https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025_FINAL.pdf)

DHEC is committed to the national fight to End the HIV Epidemic (EtHE). To achieve the goal of reducing new HIV infections by 75% within the five-year project period, the STD/HIV & Viral Hepatitis and Surveillance and Surveillance, Assessment and Evaluation (SAE) Divisions of DHEC are working to implement a Statewide Rapid Continuum of Care Program. Efforts will be enhanced at each program level:

- Prevention (Rapid Diagnosis, Rapid Linkage and Pre-Exposure Prophylaxis [PrEP]);
- Care and Treatment (Rapid Care Engagement and Antiretroviral Treatment [ART]);
- Re-engagement (Outreach, Data to Care and Real-time Health Exchange); and
- Surveillance (Rapid Response to HIV Clusters).

Rapid Care Engagement and Antiretroviral Treatment efforts are geared towards reducing the number of days from diagnosis or re-engagement to viral suppression through: (1) Rapid Linkage and re-engagement to HIV Care/Providers; (2) Accelerated eligibility and access to care services and ART initiation; (3) Accelerated ADAP approval; (4) Sustained follow-up to provide support, including medication adherence; and (5) Rapid cluster response.

An important framework for evaluating RWHAP is the HIV care continuum, which depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. The HIV Care Continuum performance measures align with the HHS Common HIV Core Indicators and other DHHS screening and treatment guidelines. The Ryan White legislation includes specific provisions directing recipients to establish, implement and sustain quality management programs. Quality management includes monitoring the quality of health services using the HAB Performance Measures to assess the efficacy of their programs and to analyze and improve gaps along the HIV care continuum.

## **II. SCOPE OF GRANT PROPOSAL**

The State of South Carolina, through DHEC, requests grant applications from organizations to become subrecipients through subrecipient agreements for Ryan White Part B Program, Ryan White Part B Emerging Communities (EC), and Ryan White Part B Minority AIDS Initiative (MAI) funding. Provision of services will be required to begin within sixty (60) days of grant execution.

### **(A) Funding**

#### **Ryan White Part B Base**

Applications will be accepted for Ryan White Part B Program funding (\$14,000,000\*) to provide comprehensive, high quality HIV care services for low-income people living with HIV (PLWH) in eleven (11) specific service areas of the state: (1) Anderson, Oconee, Pickens, and Greenville counties; (2) Spartanburg, Cherokee, and Union counties; (3) York, Chester, and Lancaster counties; (4) Laurens, Abbeville, Greenwood, Saluda, McCormick, and Edgefield counties; (5) Newberry, Fairfield, Kershaw, Lee, Lexington, Richland, Sumter, and Clarendon counties; (6)



Chesterfield, Marlboro, Darlington, Dillon, Marion, and Florence counties; (7) Horry Georgetown, and Williamsburg counties; (8) Calhoun, Orangeburg, and Bamberg counties; (9) Aiken, Barnwell, and Allendale counties; (10) Colleton, Hampton, Jasper, Beaufort counties; and (11) Berkley, Dorchester, and Charleston counties. The anticipated funds (\$14,000,000\*) may not be fully awarded in this RFGA process and may be held for allocation in a future funding process. The \$14,000,000 is based upon an annual 12-month award amount.

Estimated awards will be formulated with the following: HIV prevalence data by county from DHEC's Surveillance and Technical Support Division; the number of PLWH served in the last complete calendar year based on Ryan White Services Reports (RSR); other RW funds awarded in the service area; the number of PLWH served in the last complete calendar year by subrecipient (if previously funded) based on RSR; proposed services in awardee application; unmet need in the service area; and ADAP IAP participation/enrollment of subrecipient. Other program service needs and priorities may be included at DHEC's discretion.

Multiple awards may be awarded per service area with \$50,000 as the minimum individual award.

**\*ESTIMATE ONLY: FUNDING FOR SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS, AVAILABLE ADAP REBATES, AND SERVICE PRIORITIES.** Subrecipients awarded Ryan White Part B Base subrecipient agreement will receive Ryan White Part B Base Federal funds. The full Ryan White Part B Program subrecipient agreement may be awarded as a combination of Ryan White Part B Base, Ryan White Part B Supplemental, and Ryan White Part B ADAP Rebate funds at DHEC's discretion dependent on federal and state requirements, funding availability, and service priorities. Each funding source must be budgeted, tracked, reported, and invoiced separately. Estimated award amounts may increase or decrease due to the amount and/or availability of funding at the time of the awards.

#### Ryan White Part B Emerging Communities

Applications will be accepted for Ryan White Part B Emerging Communities funding (approximately \$562,416\*) for providing RW eligible core and supportive services with the goals of increasing rates of persons living with HIV who are linked to medical care, retained in medical care, and achieve viral suppression evidenced as needs in the SC HIV Care Continuum.

1. Columbia, SC: \$353,981\*
2. Charleston-North Charleston-Summerville, SC: \$204,550\*

HRSA designates ECs as those Metropolitan Statistical Areas (MSA) that have 500-999 cumulative AIDS cases within the MSA during the most recent five years that are not eligible under RW Part A. Funding allocations per MSA are determined by HRSA for each HRSA-designated EC.

Emerging Communities funding will be awarded after Ryan White Part B Base awards are made. Only Ryan White Part B subrecipients through this RFGA will be eligible for EC funding. Funding allocations for each designated EC are determined by HRSA. EC funding will be awarded only to Ryan White Part B Base subrecipients that are located in an area designated as EC and applied for EC funding.

Up to two (2) awards may be awarded per designated Emerging Community with \$50,000 as the minimum individual award.

**\*ESTIMATE ONLY: FUNDING FOR SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY**

DHEC OF FEDERAL FUNDS. Estimated award amounts may increase or decrease due to the amount and/or availability of funding at the time of the awards.

#### Ryan White Part B Minority AIDS Initiative

Applications will be accepted for Ryan White Part B Minority AIDS Initiative funding (approximately \$203,997\*) for prison discharge planning and jail outreach programs to increase racial and ethnic minority populations' participation in ADAP.

1. Statewide Prison Discharge Program: \$48,961
2. Local Jail Outreach Program: \$155,036

Minority AIDS Initiative funding will be awarded after Ryan White Part B Base awards are made. MAI funds will be awarded only to Ryan White Part B Base subrecipients who also applied for the Minority AIDS Initiative funding.

One (1) subrecipient may be funded for the Statewide Prison Discharge Program at \$48,961\*.

Up to four (4) subrecipients, but only one per service area, may be funded for the Local Jail Outreach Programs at \$38,759\* per award. Preference for Local Jail Outreach Program awards will be for providers serving the four (4) counties with the highest minority HIV prevalence which are Richland, Charleston, Greenville, and Florence. Prevalence is from 2020 prevalence data by county from DHEC's Surveillance and Technical Support Division.

**\*ESTIMATE ONLY: FUNDING FOR THESE SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS.**

Ryan White Part B Program funds will be awarded for up to a five (5) year project period. Funding awards will be made annually with available fiscal year funds. The initial grant period of performance is April 1, 2022-March 31, 2023. Annual continuation awards within an approved project period will be made based on satisfactory progress as evidenced by successfully implementing required subrecipient activities, submitting required reports in a timely manner, and being in compliance with all subrecipient agreement obligations. An annual non-competing continuation application will be required each year for continued funding. Continuation awards are subject to funding availability from HRSA, available ADAP rebates, and service priorities. Annual awards amounts may accordingly increase or decrease.

#### **(B) Purpose**

The Part B funding of the Federal Ryan White HIV/AIDS Treatment Extension Act is to be used for developing and/or enhancing access to a comprehensive continuum of high-quality HIV care and treatment for low-income people living with HIV.

Each subrecipient shall use Federal Ryan White HIV/AIDS Treatment Extension Act, Part B funds administered by DHEC to provide services to eligible persons in accordance with all federal and state requirements. The provisions of the subrecipient agreement are subject to all federal and state requirements as outlined in the scope of work and revisions to the requirements made during the subrecipient agreement period.

Ryan White Part B HIV/AIDS program activities should be consistent with and support the following national and state guidance documents: The United States *National HIV/AIDS Strategy (NHAS)*,

*Updated to 2020; Ending the HIV Epidemic: A Plan for America; National Strategic Plan: A Roadmap to End the Epidemic: 2021-2025; S.C. DHEC's HIV/AIDS Strategy, 2017-2021; and S.C. DHEC's Ending the HIV Epidemic (EHE) Plan (Attachment 1)* and any updates to these national and state plans during the subaward Project Period. Each subrecipient of RW Part B Program funding should assess the outcomes of their programs along the HIV care continuum and work with their community and public health partners to improve outcomes, so that individuals diagnosed with HIV are linked to and engaged in care and started on ART as early as possible. Subrecipients must establish, implement, and sustain quality management programs. This includes monitoring the quality of health services using the HAB Performance Measures to assess the efficacy of their programs and to analyze and improve gaps along the HIV care continuum.

Each subrecipient may directly provide services or enter into contractual agreements with other acceptable entities for the provision of services with DHEC's prior written approval. Such acceptable entities would include any entity that provides Ryan White eligible services for PLWH in the service area. The subrecipient shall ensure entities receiving Ryan White Part B Program dollars for the provision of Ryan White services will adhere to all subrecipient agreement requirements as stated in this RFGA and the subrecipient agreement.

Subrecipients shall use Federal Ryan White HIV/AIDS Treatment Extension Act, Part B funds administered by DHEC to provide the Ryan White eligible services to eligible persons. Eligible persons must have a confirmed diagnosis of HIV, live in South Carolina, have limited income (at or below 550% of the Federal Poverty Level), and have no other payer source for the service provided. Ryan White Part B Program funded providers must be open to all eligible clients in accordance with federal and state laws. A complete list of eligible Ryan White HIV/AIDS Program Services with definitions is listed as **Attachment 2**.

Emerging Communities have been designated as such by HRSA due to the numbers of diagnosed AIDS cases over the last five (5) consecutive years. DHEC is releasing the Emerging Communities funds as a supplement to the Ryan White Part B Program award to be used for providing RW eligible core and supportive services with the goals of increasing rates of persons living with HIV who are linked to medical care, retained in medical care, and achieve viral suppression evidenced as needs in the SC HIV Care Continuum.

HRSA's Ryan White Part B Minority AIDS Initiative funds are specifically for funding education and outreach services that are focused on increasing racial and ethnic minority populations' participation in ADAP and, as appropriate, other programs that provide prescription drug coverage. DHEC is releasing MAI funds to address current unmet needs in SC, consistent with the SCSN and SC Integrated HIV Care and Prevention Plan 2017-2021, for the following MAI Outreach initiatives:

1. **Statewide Prison Discharge Program** providing statewide discharge planning services to the HIV-positive prison population upon discharge to increase racial and ethnic minority population's participation in ADAP.

*(Inmates within federal and state prisons are not eligible for Ryan White Part B services other than transitional services within 90 days of release where no other services exist. Only discharge planning services may be provided to SC Department of Corrections inmates.)*

2. **Local Jail Outreach Program** providing outreach to local jail populations to be conducted at the local jail, to increase racial and ethnic minority populations' participation in ADAP.

*(RW Program funds can be used to support HIV/AIDS services in local jails (i.e., county or city) if these institutions are not legally responsible for and/or financially able to meet the HIV/AIDS care and treatment needs of all persons in their custody. Persons who are on probation or parole are eligible for Ryan White Part B services since they are living in the community and are not in the care or custody of a jail or prison system.)*

While awarded Ryan White Part B MAI funding must be specifically used for targeted outreach to racial and ethnic minority populations, the initiatives must be available to all RW Part B eligible PLWH. Funds from another source (e.g., Ryan White Part B Program, program income, or other agency funds) must be used in proportion to the non-minorities served through the initiative. Reports submitted to HRSA for MAI only allow reporting of visits and services to minorities.

### **(C) Eligible Applicants**

Applications from all eligible organizations will be evaluated. To be eligible to apply for funds the organizations must meet the following criteria:

1. The applicant must have a minimum of three (3) years of documented, established history (within the past three (3) years) of providing quality RW eligible services of HIV medical care, HIV medical case management, and/or supportive services (consistent with RW eligible services) to Ryan White Part B eligible PLWH as outlined in the below Section III, Scope of Services.
2. The applicant must be physically located in the service area (or will be physically located in the area within 60 days of the start of the subrecipient agreement) for which it is applying and must provide services to PLWH living in all counties in the multi-county service area.
3. The applicant must have the infrastructure capacity to operate on a cost reimbursement basis without prompt reimbursement, as reimbursement typically occurs 30-60 days after invoicing.
4. The applicant must have the documented organizational fiscal stability to maintain its organization's core services without the Ryan White Part B Program funds provided in this grant process.
5. The applicant must submit a Certificate of Existence, also known as a Certificate of Good Standing, from the South Carolina Secretary of State. This certificate states that an entity is in good standing with the Secretary's Office and has, to the best of the Secretary of State's knowledge, filed all required tax returns with the South Carolina Department of Revenue. The Certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>
6. DHEC subrecipients in a probationary status with DHEC are not eligible to apply for additional federal funding or funds derived from federal funds.
7. A subrecipient previously terminated by DHEC must wait three (3) years before an application will be considered for funding from DHEC.
8. A completed pre-award risk assessment must be included with the application and will be reviewed by DHEC's Bureau of Financial Management and provided to the review panel evaluators to be included in the award decisions.

**Risk Assessment:** As noted in the Code of Federal Regulations 2 CFR 200.331 (b), DHEC, as the passthrough entity of federal grant awards, is responsible for monitoring subrecipients for compliance with all requirements of the award and applicable federal, state, county and municipalities laws, ordinances, rules, and regulations.

Pre-award - DHEC has adopted a best practice approach of performing pre-award risk assessments before applicants receive Federal subawards. This best practice is consistent with 2 CFR 205. The pre-award risk assessment (**Attachment 10**) will be in the form of a questionnaire to be completed by the applicants/potential subrecipients.

Post-award - The post-award frequency of future monitoring will be determined by identification of any risk factors which would indicate a need for increased monitoring. Actual subrecipient performance will be monitored on a perpetual basis. In addition, a risk assessment survey like the one used in the RFGA process, will be mailed to each subrecipient on an annual basis.

Methods for evaluating risk and ensuring compliance may include, but are not limited to:

1. Risk assessment surveys
2. Desk audits of documentation
3. Reviewing the actions taken by the subrecipients to ensure obligations of subrecipient agreement are being met
4. Interviews with the subrecipients, their clients, and program staff
5. Reviewing financial stability (financial statements)
6. Assessing the quality of management systems and ability to meet the management standards prescribed in 2 CFR 200
7. Reviewing the prior history of the subrecipient's performance in managing Federal awards
8. Reviewing findings from audits

### **III. SCOPE OF WORK/SPECIFICATIONS**

#### **A. REQUIRED ACTIVITIES**

Ryan White subrecipients awarded under this grant application shall:

1. Conduct an annual individual area needs assessment within the awarded geographic service area and participate in periodic statewide needs assessments to be conducted on an ongoing basis. The annual individual area needs assessment is to be done in collaboration with public health and community-based providers of HIV-related services and with the participation of PLWH using the required assessment tool, which will allow for statewide analysis of data. Surveys must demonstrate a strategy to eliminate survey bias. The subrecipient should include individuals who know their HIV status and are not receiving HIV-related services, as well as paying attention to any gaps in access and services among affected populations. The results of the needs assessment must be used in local program planning. Needs Assessments are to be submitted annually according to the Reporting Calendar to the DHEC Ryan White Part B Program.
2. Deliver a continuum of services for PLWH living in all counties of the service area for which the organization provides or pays for services to support the care plan to ensure clients enter medical care, remain in care, are prescribed and adhere to anti-retroviral therapy, and strive to achieve and maintain viral suppression. The following Ryan White Part B eligible services must be provided or paid for: outpatient ambulatory health services, oral health care, mental health services, medical case management, outpatient substance abuse services, and medical transportation. Other RW Part

B eligible core and supportive services include: health insurance premium and cost sharing assistance, home and community based health services, hospice services, medical nutrition therapy, emergency financial assistance, food bank/home delivered meals, health education/risk reduction, housing services, linguistics services, other professional services, outreach services, permanency planning services, psychosocial support services, referral for healthcare/supportive services, rehabilitation services, respite care and substance abuse services residential. These services should be provided in a setting that is accessible to low-income individuals with HIV disease who may have numerous barriers to continuous engagement in care, including a history of mental health, substance abuse, and incarceration. Services should be provided in a culturally and linguistically appropriate manner. Services must be provided to eligible PLWH individuals who may be uninsured, underinsured or have no source of payment for services. Provision of these services must adhere to the Ryan White HIV/AIDS Program Services: Allowable Uses of Funds (HRSA HAB PCN # 16-02), which are subject to change during the grant period. The current version can be found in **Attachment 2**. Staff providing services must be licensed and accredited as required by the state for the service they provide when licensing and accreditation is required for a service. As needed, the subrecipient will consult with the DHEC STD/HIV/Viral Hepatitis Program in developing programs/services and policies to ensure compliance with Ryan White legislation. Local Pharmaceutical Assistance Program (LPAP), while included in HAB PCN #16-02 (**Attachment 2**), is not allowable under this RFGA, as it is not included in SC's Ryan White Part B award from HRSA.

3. Develop and submit annually to DHEC an annual Budget Narrative and Cost Allocation Plan (BNCAP) and Implementation Plan (IP) to meet identified service needs with the participation of PLWH using the DHEC required BNCAP and IP formats (**Attachment 7**). After subtracting administrative costs (a maximum of ten percent (10%) of the subrecipient expenditures), a minimum of seventy-five percent (75%) of the award must be spent on core services. In establishing a local plan, the subrecipient must demonstrate that it has consulted with the Regional DHEC office and other entities providing HIV-related health care in the area, including other Ryan White providers, community-based HIV service organizations, and PLWH. The subrecipient must show how its plan agrees with its most recent Needs Assessment and SC's Integrated HIV Care and Prevention Plan 2017-2021, including the SCSN (**Attachment 1**).
4. Participate in the Ryan White Statewide Quality Management (QM) program to assess the extent to which HIV health services provided to patients are consistent with the most recent guidelines for the treatment of HIV disease and related opportunistic infections, to assess the efficacy of the programs, to analyze and improve gaps along the HIV care continuum, and to implement respective corrective actions. Participation includes the annual development and implementation of a local Quality Management Plan that is aligned with the overall statewide Quality Management Plan and Workplan (**Attachment 3**); representation at QM Steering Committee Meetings; annually submitting Clinical Report Card (as required on the Reporting Calendar), which includes the established statewide QM Performance Measures to DHEC; implementing an internal quality management committee; routinely monitoring organization performance utilizing Performance Measure data and established targets; implementing continuous quality improvement strategies to improve care and support services provided; and quarterly updating DHEC as requested on implementation of improvement strategies.
5. Maintain strong partnerships in the service area between health departments, HIV prevention service providers, HIV care service providers, and community health centers as these are necessary for meeting the goals of SC's Integrated HIV Care and Prevention Plan 2017-2021 and the Ryan White Part B Program Early Identification of Individuals with HIV/AIDS (EIIHA) initiative. EIIHA is the identifying, counseling, testing, informing and referring of diagnosed individuals to appropriate services. The goal of EIIHA is to ensure that individuals who are unaware of their

HIV status are identified, informed of their status, referred to supportive services and linked to medical care.

6. Promote coordination and integration of community resources and services and address the needs of all affected populations. Maintain appropriate relationships with entities in the area being served that provide key points of access to the health care system for PLWH to facilitate early intervention for those individuals who are newly diagnosed and for those who know their status but are not currently in care. Subrecipient must show evidence of concrete collaborative relationships with providers of medical services, mental health services, and substance abuse services provided to people living with HIV.
7. Must have structured and on-going efforts to obtain input from clients in the design and delivery of services. Hiring PLWH is highly recommended and aligns with S.C. DHEC's Ending the HIV Epidemic (EHE) Plan.
8. Conduct entry or re-entry to care and rapid laboratory testing as recommended to ensure comprehensive, quality medical care services in a manner that is consistent with HIV clinical care and service performance measures and goals, as clients initially engage or re-engage medical care services. The list below is based on recent clinical guidelines. Entry or re-entry into care guidelines are subject to change. Diagnostic/laboratory tests may include but are not limited to:
  - Proof of eligibility: Confirmatory HIV rapid test in a manner consistent with CDC and HRSA Rapid/Rapid testing policy and HIV confirmatory antibody blood test;
  - HIV Disease Progression: T-cell panel CD4 count/complete blood panel and HIV Viral Load;
  - Public Health: Screening for Syphilis and other STIs;
  - Co-infection: Screening for Hepatitis positivity, immunity, drug resistance and/or disease progression;
  - Public Health: Screening for Tuberculosis exposure and/or infection;
  - ART Therapy: Drug sensitivity test - such as but not limited to - HLA-B\*5701 for therapies containing Abacavir and/or CCR5 Tropic Assay for Selzentry;
  - Resistance testing: Drug resistance testing, including nucleotide sequencing, such as Genotype or Phenotype;
  - Standard of Care: Other tests as defined by the subrecipient for standard of care at entry or re-entry into care.
9. Certify that all clients served with Ryan White Part B services meet the following South Carolina Part B eligibility criteria: have confirmed diagnosis of HIV, live in South Carolina, have limited income (at or below 550% of the Federal Poverty Level), and have no other payer source for the services provided. Proof of eligibility must be on file and collected prior to initiation of services. Subrecipient must ensure all clients receiving Ryan White Part B services certify eligibility every 12 months/annually and recertify eligibility at least every 6 months.
10. Ensure Ryan White HIV/AIDS Program is the payer of last resort and vigorously pursue alternate payer sources. Charges that are billable to third party payers are unallowable. The subrecipient must make every effort to ensure that alternate sources of payments are pursued and that program income is received, tracked, and used consistent with grant requirements. Subrecipient is required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, basic health plans, and private insurance.

11. Establish and maintain a schedule of charges policy for services billable to insurance that includes a cap on charges in accordance with HRSA's requirements for client cost share. The policy must be posted publicly and be based on the current Federal Poverty Level. No charges may be imposed on clients with incomes below one hundred percent (100%) of the FPL. Charges to clients with incomes greater than the poverty level are determined by a three-tiered schedule of charges. Annual limitation of charges for Ryan White services are based on percent of the client's annual income. The schedule of charges policy and annual caps must follow the guidelines in HRSA's National Fiscal Monitoring Standards.
12. Participate in the SC ADAP IAP which will be demonstrated by: (1) an executed ADAP Health Insurance Premium (HIP) subaward agreement with DHEC; and (2) clients enrolled and maintained in ADAP IAP in accordance with the annual SC ADAP ACA Open Enrollment Plan.

Annually, ADAP will develop an ADAP ACA Open Enrollment Plan. This plan will assign a number or percentage of clients for each subrecipient to move from the ADAP Direct Dispensing Program (DDP) to, and maintain in, the ADAP IAP during the ACA Open Enrollment period. Clients moved to ADAP IAP must be enrolled in an ADAP approved plan. The ADAP ACA Enrollment Plan will be shared with subrecipients on October 15th or two weeks after the release of the ACA plans, whichever is later, each year. The assigned number or percentage of clients will be determined based on financial needs of the SC Ryan White Part B Program, including ADAP, and HRSA's requirement to vigorously pursue enrollment in healthcare coverage. For example, the ADAP 2021 ACA Open Enrollment Plan requested subrecipients to switch 25% of clients currently enrolled in the Direct Dispensing Program to IAP during ACA open enrollment. Current level of client participation as of September 30, 2021, in ADAP IAP must also be maintained for compliance, unless prior written approval is received from the DHEC ADAP Program.

Non-compliance with establishing a HIP contract after 120 days of execution of this subrecipient agreement will result in the termination of this subrecipient agreement. Non-compliance with maintaining clients in ADAP IAP and achieving the ADAP ACA Open Enrollment targets (without consultation and approval from ADAP) after each annual ACA Open Enrollment period will result in the reduction of funding at the beginning of the next period of performance and/or termination of this subrecipient agreement. New clients enrolled in IAP during the grant year and at ACA Open Enrollment may count towards the annual target.

Subrecipient must refer clients to the SC ADAP for application to the SC ADAP Insurance Program following the ADAP Health Insurance Assistance Program (HIP) guidelines, which can be found at:

<http://scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/AIDSDrugAssistancePlan/>

The subrecipient shall pay premiums for those clients approved and accepted into the program, based on the current ADAP eligibility criteria, which can be found at <http://scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/AIDSDrugAssistancePlan/>

Reimbursement for the premium payments should be requested to DHEC as stated in the HIP subaward. Only premiums for ADAP approved plans will be reimbursed. Client assistance with co-pays and deductibles will be set up with an ADAP-participating IAP pharmacy. (ADAP does not pay for premiums for employer sponsored plans).



ADAP generates rebates on ADAP formulary medications for all clients enrolled in the SC ADAP IAP. Rebate funds generated by the ADAP IAP program are used to support uninsured and under-insured ADAP clients, as well as programs and services across the state, and to ensure the net costs associated with the ADAP IAP are less in aggregate as compared to ADAP purchases of full-pay medications (per HRSA HAB PCN 18-01).

Ryan White Part B Program funds awarded through this RFGA may not be used for insurance premium payments, unless prior written approval is received from the DHEC Ryan White Part B Program. Clients in need of Ryan White Part B insurance assistance should be enrolled in IAP for assistance with premiums, copayments and deductibles.

13. Use *Provide Enterprise (PE)* for tracking and reporting all Ryan White Part B Program funded services, as required for all required reporting. Must have a protocol for ensuring accuracy and timeliness of documentation into *PE* for services. Must adhere to all updates to *PE* made during the subaward project period.
14. Data collected for DHEC Ryan White Part B Program funded services and clients in *Provide Enterprise* will be shared between the Subrecipient and DHEC in accordance with the Data Sharing Agreement, which will be incorporated into and made a part of the Subrecipient Agreement. A draft Data Sharing Agreement is being developed and will be posted to the DHEC website [Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#) prior to the date by which potential applicants have to submit questions.
15. Have a grievance policy for the RW Part B Program. The grievance policy must be in writing and shared with RW Part B clients at the point of initial eligibility screening and annually thereafter. The policy must state that any grievance related to denial of services or a complaint about services received which is unresolved at the subrecipient level may be reported by the client to DHEC's STD/HIV/VH Division by calling 800-856-9954 between the hours of 8:30AM-5:00PM Monday through Friday, excluding holidays. Further, the policy must state that grievances filed with DHEC will remain confidential, unless the client specifically requests that DHEC follow-up with the provider and, there shall be no reprisal towards the client when grievances are made.
16. Agrees to conduct Programmatic Technical Assistance projects including group and provider-to-provider level training and development of statewide tools to Ryan White Part B providers in SC on an as-needed basis when pre-approved by DHEC. Programmatic Technical Assistance Project Work Plans must be pre-approved by DHEC prior to beginning work using the Work Plan template. Only pre-approved costs in the Work Plan will be reimbursed.
17. If awarded EC funds, EC funds must be used for providing RW eligible core and supportive services with the goals of increasing rates of persons living with HIV who are linked to medical care, retained in medical care, and achieve viral suppression evidenced as needs in the SC HIV Care Continuum.
18. If awarded MAI funds, MAI funds are awarded for the statewide prison discharge planning and/or local jail outreach programs increasing racial and ethnic minority populations' participation in ADAP and, as appropriate, other programs that provide prescription drug coverage. While awarded Ryan White Part B MAI funding must be specifically used for targeted outreach to racial and ethnic minority populations, the initiatives must be available to all RW Part B eligible PLWH. Funds from another source (e.g., Ryan White Part B Program, program income, or other agency

funds) must be used in proportion to the non-minorities served through the initiative. Reports submitted to HRSA for MAI only include reporting of visits and services to minorities.

19. Subrecipient must develop a Continuity of Operations Plan which: identifies systems or processes that might be vulnerable in an emergency situation; and addresses hazards that pose the greatest risks to the organization, mission critical employees, and functions and resources that are necessary to deliver services to clients. Ensure the plan includes a system is in place to protect records, assets, data, equipment, and facilities, including a plan for data backup and storage in secure locations.
20. To the extent practical, assist DHEC with HIV response efforts and outbreaks of other co-morbid conditions of public health significance if assistance is requested. Recipient organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities, may include, but are not limited to: tailoring other strategies and activities (e.g., rapid entry into care for PLWH in HIV cluster and outbreak regions, HIV testing efforts, PrEP awareness, referral to Partner Services to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; establishing a MOU with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals).

## **B. GRANT REQUIREMENTS**

Ryan White subrecipients under this grant application shall:

1. Adhere to HRSA's HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards, and any revisions made during the subrecipient agreement project period, which can be found at:
  - <http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>,
  - <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>,
  - <http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>
2. Adopt the SC Ryan White Part B Service Standards (**Attachment 4**) and any revisions made during the subrecipient agreement project period for all Ryan White Part B services provided. Standards can and should be tailored to meet the specific, unique needs of the subrecipient, with DHEC approval. Service Standards function to ensure that all clients of the subrecipient are offered the same fundamental components of a given service and establish the minimum level of service of care that the RW Part B Program funded subrecipient offers.
3. Provide medical case management services as described in the Ryan White HIV/AIDS Program Services (**Attachment 2**), including: 1) initial assessment of the service needs; 2) development of a comprehensive, individualized service plan; 3) coordination of the services required to implement the plan; 4) client monitoring to assess the efficacy of the plan; and 5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. Adhere to the South Carolina Part B Medical Case Management Standards and any revisions made during the grant period (**Attachment 5**), including the requirement for all Medical Case Managers to complete the

Medical Case Management Educational Training series and pass the final examination within eighteen (18) months of their employment start date. Adhere to the Medical Case Manager and Medical Case Manager Supervisor qualifications (**Attachment 6**) when hiring new staff.

4. Adhere to the current HHS Treatment Guidelines, which are available at [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov).
5. Adhere to adopted clinical, treatment, and HIV care related guidelines for monitoring of performance and quality metrics. Participate in quality initiatives adopted by DHEC for services funded by RW Part B Program funds or funds derived from the RW Part B Program. For example, assist DHEC, and other subrecipients as needed, with the transition to a statewide rapid continuum of care, which will allow for rapid access to care and treatment services.
6. Subrecipients providing Medicaid eligible services must be Medicaid certified.
7. If the subrecipient desires to enter into contractual agreements with other entities for the provision of services, the subrecipient must first gain written prior approval from DHEC's STD/HIV/Viral Hepatitis Division. The contractual agreement must include the scope of work and terms and conditions related to the services they will provide to include all requirements in the parent subrecipient agreement with DHEC. The subrecipient is responsible for providing oversight, monitoring, and Technical Assistance to ensure entities receiving Ryan White Part B Program funds comply with all HRSA and DHEC subrecipient agreement and reporting requirements as stated in this RFGA and the subrecipient agreement with DHEC. If approved, DHEC will establish the monitoring profile in the HRSA Electronic Handbook (EHB). All subrecipients are required to submit an annual RSR directly to HRSA from PE.
8. Retain all records with respect to all matters covered by this agreement in accordance with subrecipient agreement Terms and Conditions.
9. Allow HRSA and DHEC on-site for site visits and make records available upon request for financial, programmatic, quality management, and other topics, as required for monitoring purposes. Subrecipients must actively participate in all site visits or desk reviews, whether in-person or virtual and submit documentation of follow-up on all Corrective Actions, as indicated, until resolved.
10. Permit and cooperate with any State or Federal investigations undertaken regarding programs conducted under Ryan White Part B.
11. Provide, upon request by HRSA or DHEC, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
  - **FINANCIAL MANAGEMENT**: Financial records will be reviewed to ensure compliance with Generally Accepted Accounting Principles, as well as OMB and DHEC's accounting principles. The records should provide accurate, current, and complete disclosure of financial expenditures. They must identify the source and application of funds and must be supported by invoices and other supporting documentation required by DHEC. Requested expenditures should align with the annual budget approved by DHEC. Invoices must be submitted using required invoice templates for each funding source. Out-of-state travel, equipment, and gift cards/vouchers must receive DHEC approval prior to purchase.
  - **PROGRAM PROGRESS**: Review progress in providing Ryan White Part B Programs services and expending funds.

12. Program income shall be monitored by DHEC, retained by the subrecipient, and used to provide Ryan White HIV/AIDS Program (RWHAP) Part B services to eligible clients. Program income is gross income – earned by the subrecipient directly generated by the grant-supported activity or earned as a result of the RWHAP Part B award. Subrecipient must have systems in place to account for program income and ensure tracking and use of program income consistent with HRSA's requirements. All program income generated as a result of awarded funds must be used for HRSA's Ryan White HIV/AIDS Program Part B approved project-related activities. For additional information regarding HRSA's program income requirements, reference the HAB Policy Notices: PCN 15-03 and the Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04 found at: <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>
13. If the subrecipient organization utilizes the 340B covered entity status available as a Ryan White Part B Program provider, allow DHEC to review the financial documentation of revenues and expenditures to ensure that 340B revenues are generated and utilized in compliance with HRSA requirements.
14. Responsible for all matters pertaining to applicable HIPAA, data security, and confidentiality, including references in the subrecipient agreement.
15. The subrecipient must: (a) adhere to CDC's Data Security and Confidentiality Guidelines (*Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (Atlanta, GA: U.S. DHHS, CDC; 2011) (<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDDataSecurityGuidelines.pdf>) including any amendments; (b) submit annually a certification of compliance in the form attached (**Attachment 11**) ensuring compliance with the standards; and (c) ensure that staff members and contractors with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.
16. The subrecipient must adhere to the Subrecipient Representation and Conduct: Code of Conduct working with DHEC as a subrecipient (See **Attachment 8**).

### **C. BUDGET FUNDING RELATED GRANT REQUIREMENTS**

Ryan White subrecipients awarded under this grant application shall:

1. Submit annually an Implementation Plan (IP) for each funding source of the DHEC Ryan White Part B Program at the beginning of each grant year for each funding source and/or project awarded. Each funding source (Base, EC, MAI, Supplemental, Rebate) must be reported separately on the IP using the Implementation Plan Workbook. The IP templates can be found in **Attachment 7**.
2. Submit annually at the beginning of each grant year a Budget Narrative and Cost Allocation Plan (BNCAP), including planned expenditure details on personnel (including each funded staff by title, name, salary and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within the state and GSA allowed rates), contractual, other, and administration (admin expenditures must be itemized) by Ryan White service category. The budget should include clear descriptions of the use of the funds. The BNCAP Template can be found in **Attachment 7**.

3. If throughout the course of a grant year a budget revision is necessary and exceeds twenty-five percent (25%) of the amount allocated for a budget line item, either operating or RW service category, the subrecipient must make a written request to DHEC for approval of the revision. The budget revision will not be authorized until the subrecipient receives written approval from DHEC. Budget revision templates can be found in **Attachment 7**.
4. Limit administrative charges to the grant to ten percent (10%) of expenditures. Administrative costs are costs associated with the administration of the RW Part B program. Staff activities that are administrative in nature should be allocated to administrative costs. Subrecipient administrative activities include:
  - a. Usual and recognized overhead activities, including established indirect rates for organizations;
  - b. Management oversight of the subrecipient Ryan White Part B program;
  - c. Other types of program support such as quality assurance, quality control, and related activities (exclusive of RW HIV Program Clinical Quality Management)

For further guidance on the treatment of costs under the ten percent administrative limit, refer to HRSA HAB PCN 15-01 [Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D \(hrsa.gov\)](https://www.hrsa.gov/hab/pcn/15-01-treatment-of-costs-under-the-10-percent-administrative-cap-for-ryan-white-hiv-aids-program-parts-a-b-c-and-d).

5. Limit Clinical Quality Management (CQM) charges to the grant to five percent (5%) of expenditures. CQM costs are those required to maintain a CQM program to assess the extent to which services are consistent with the current HHS guidelines for the treatment of HIV and to develop strategies to improve access to and quality of services.
6. Spend at least seventy-five percent (75%) of each award on core services after subtracting administrative costs. A maximum of twenty-five percent (25%) of each of the subrecipient's grant award (after subtracting administrative costs) may be spent on supportive services. MAI funds are not held to this 75% rule.
7. While this list is not inclusive of all unallowable costs, Ryan White Part B Program funds may not be used for the following:
  - International Travel
  - Construction
  - Purchase or improve land
  - Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP)
  - Syringe Services Programs
  - Cash payment to intended recipient/client of RW services
  - Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis, except for a program administered by or providing the services of the Indian Health Service
  - Development of materials designed to promote or encourage, directly, intravenous drug use or sexual activity
  - Funeral or burial expenses
  - Support for operating clinical trials

- Support for criminal defense or for class action suits unrelated to access to services eligible for funding under the Ryan White legislation
  - Direct maintenance or any other expenses of a privately-owned vehicle
  - State and local taxes for personal property
  - Pet foods
  - Social/recreational activities if not provided on subrecipient premises
  - Marketing and promotion to general audiences
  - Broad-scope awareness activities about HIV services that target the general public
  - Vehicles (purchase or lease without HRSA and DHEC's Prior Approval)
  - Start-up costs
8. Continually monitor the third-party reimbursement process and collect reimbursement. Charges that are billable to third party payers are unallowable for reimbursement with Ryan White Part B Program funds, as Ryan White is the payer of last resort.
  9. An organizational chart including all Ryan White Part B Program funded staff must be submitted annually. Position Descriptions are required to be submitted annually for all staff whose positions will be fully or partially supported with Ryan White Part B Program funding. Submitted position descriptions must include the following information: subrecipient name, employee name, position title, position description/job duties, annual salary, and projected % of time spent for each job duty (totaling 100%).
  10. Subrecipient must maintain an activity/time log to document time and effort of individual staff funded with Ryan White Part B Program funds demonstrating fiscal stewardship of Ryan White Part B funds. The activity/time log must include the number of hours spent working on each grant and a brief description of the task performed for salaries charged to the grants.
  11. Subrecipient must have financial mechanisms in place to monthly track program income, including client direct payment, reimbursement from Medicaid, Medicare, third party insurance, and 340B Income, and expenditures of program income. Program income should be retained by the subrecipient for "additive" use within their programs furthering the Ryan White Part B program and can only be used in accordance with HRSA's Ryan White HIV/AIDS Program Part B requirements. Program income must be accounted for and utilized in the year in which it is received. For additional information regarding HRSA's program income requirements, reference the HAB Policy Notices: PCN 15-03 and the Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04 found at: <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>
  12. Must have and maintain financial mechanisms for monthly adequate and accurate reporting, reconciliation and tracking of program expenditures for each awarded funding source and program income. Each Ryan White Part B awarded funding source (i.e., Base, EC, MAI, Supplemental, Rebate) and program income must be budgeted, tracked, and reported separately. Reimbursement requests must also be by funding source. Mechanisms must be in place for accurately tracking clients and expenditures and ensuring no duplication of payment for services.
  13. Monthly submission for reimbursement of expenditures must be submitted on the 15<sup>th</sup> of the following month using the required invoice templates (**Attachment 7**). Reimbursement requests must be sent to the assigned [RWBHOPWAINVOICES@dhec.sc.gov](mailto:RWBHOPWAINVOICES@dhec.sc.gov) email address. Reimbursement requests must include the required supporting documentation in accordance with DHEC's Federal Grants Compliance Requirements for Subrecipients. For



each funding year, timesheet information is required with submission of the first and last invoice. Timesheet information should be included for all positions supported on the grant and account for Ryan White funding and all other source of funds.

14. All out-of-state travel requests must be preapproved by DHEC Ryan White Part B Program prior to initiation of travel plans.
15. All gift cards and vouchers must be preapproved by DHEC Ryan White Part B Program and Office of Federal Grants Compliance prior to purchase using the template: [Gift Card Voucher Prior Approval Template-12102020.pdf \(scdhec.gov\)](#)
16. Equipment purchases must be preapproved by DHEC Ryan White Part B Program prior to purchase and follow SC Procurement Guidelines for Subrecipients: [Procurement-Guidelines-for-Subrecipients-032020.pdf \(scdhec.gov\)](#).

#### **D. GRANT MEETING REQUIREMENTS**

Ryan White subrecipients awarded under this grant application must attend the following:

1. RYAN WHITE PART B GY2022 ORIENTATION: The subrecipient will assign representatives to attend the GY2022 Ryan White Part B Orientation. One (1) representative must be a Program staff and one (1) must be from the Business Office.
2. PEER REVIEW: The subrecipient will assign one (1) representative at the Director level to serve on the Peer Review Committee. Meetings are held virtually or face-to-face four (4) times per year on the second Thursday of the months of March, June, September, and December. Meetings are organized and led by the elected Peer Review Co-Chairs. Agendas, minutes, and attendance are shared with DHEC.
3. DIRECTOR MONTHLY CALLS: The subrecipient will assign the same one (1) representative from the Director level to attend the Director Monthly Calls. Calls are scheduled on the second Thursday of each month when Peer Review is not meeting.
4. CLINICAL QUALITY MANAGEMENT STEERING COMMITTEE MEETINGS: The subrecipient will assign at least one (1) representative to serve on the Statewide Ryan White QM Steering Committee. The Quality Management Steering Committee meets quarterly.
5. MEDICAL CASE MANAGEMENT WORKGROUP: The subrecipient will assign one (1) representative to serve on the Medical Case Management Workgroup. Meetings are held every other month on the fourth Thursday of the month.
6. OUTREACH WORKFORCE COMMITTEE: If the subrecipient uses Ryan White Part B Program awarded funds or funds earned through the Ryan White Part B Program for providing Outreach services, the subrecipient will assign at least one (1) representative to serve on the Outreach Workforce Committee. All MAI funded staff are also required to attend the Outreach Workforce Committee Meetings. All NHAS funded staff (Outreach Specialists, Specialized Medical Case Managers (SMCM) and Peer Adherence Coaches) are required to attend Outreach Meetings. Meetings are scheduled every other month on the third Thursday of each month unless otherwise noted. A 2-Day Outreach Program In-Service is held twice per year minimally and is required for newly hired NHAS funded Outreach Program Staff and Outreach

Program Supervisors. All NHAS Funded Staff (Outreach Specialist, SMCs, and Peers) are required to attend Outreach Monthly, Bi-Monthly or Quarterly Calls.

7. PERIODIC STATEWIDE MEETINGS: The subrecipient will send at least one (1) representative to each statewide meeting convened by DHEC, not to exceed four (4) per year. Examples may include, but are not limited to, Ryan White All Parts Meetings.
8. STATEWIDE COORDINATED STATEMENT OF NEED AND INTEGRATED HIV CARE AND PREVENTION PLAN MEETINGS: The subrecipient will send at least one (1) representative to each meeting convened by DHEC and the HIV Planning Council (HPC) for preparing and evaluating, SC's Integrated HIV Care and Prevention Plan, including the SCSN.
9. PROGRAM SPECIFIC TECHNICAL ASSISTANCE (TA): Subrecipients throughout the year may be required to participate in DHEC required Technical Assistance meetings, calls, and webinars. Examples may include, but are not limited to: Site Visit Preparation, RSR Technical Assistance, ADAP TA calls and other calls for the dissemination of Technical Assistance to meet program deliverables.

All meetings are subject to change and may be canceled with advance notice from DHEC.

#### **E. GRANT REPORTING REQUIREMENTS**

The subrecipient will provide programmatic, demographic, and financial reports as requested by the STD/HIV/Viral Hepatitis Division. An annual Reporting Calendar with specified reports, submission dates, and instructions, along with all required report templates, are posted to the website: [Ryan White Part B Technical Assistance | SCDHEC](#).

Reporting requirements, which are subject to change during the subaward project period, include:

##### **1. QUARTERLY REPORTS**

- Expenditure Report: An expenditure report for each Ryan White Part B Program funding source and/or project which identifies the amount of funds received and the amount expended both by operating category and Ryan White service category.
- Programmatic Narrative Report: A narrative description of the progress in meeting local HIV service goals and objectives, including: efforts to address the continuum of health and support services and a summary of issues and/or problems, which may have impeded implementation, and the strategies used to address them. A narrative description is required for each funding source and/or project.
- RSR Client Summary Report or Ryan White Part B Program Services Report: Summary of client demographics and the number of clients and service visits/units by Ryan White service category.
- Plan Do Study Act (PDSA) Report: Clinical Quality Management Tool describing PDSA projects, progress, and outcomes.

##### **2. ANNUAL REPORTS**

- Expenditure Report (Grant Year End): An expenditure report for each Ryan White Part B Program funding source and/or project which identifies the amount of funds received and the amount expended both by operating category and Ryan White service category.



- Programmatic Narrative Report (Grant Year End): A narrative description of the progress in meeting local HIV service goals and objectives, including efforts to address the continuum of health and support services, and a summary of issues and/or problems, which may have impeded implementation and the strategies, used to address them. Required for each funding source and/or projects.
- Ryan White Services Report (RSR): Each subrecipient that receives Part B funding will submit reports on all clients who received at least one (1) service during the reporting period that is eligible for Ryan White Part B funding. These reports must include unduplicated counts of clients. The reporting period will be January 1-December 31. If the subrecipient subcontracts any of the work, the subrecipient is responsible for ensuring the subcontractor submits an RSR.

Each subrecipient receiving Part B funds will provide other information required for the RSR including, but not limited to, RSR Summary Report; a contact person for each provider; the name, address, phone and fax number for each organization; the minority composition of the board and/or staff of each organization as well as other information, as required for the RSR submission.

- Implementation Plan Reports (Year End): A report reflecting the total number of clients and the total number of service units by RW service category for each funding source. Also includes expenditures for each Ryan White service category. Goals and objectives will be submitted annually on the Implementation Plan and reported annually comparing the annual plan with the actual total number of clients and the total number of service units by RW service category.
- Women, Infant, Children, Youth (WICY) Report (Year End): Report of the number of Women, Infants, Children, and Youth served in the period of performance.
- Program Income Report (Year End): Report, with supporting documentation, at the end of each period of performance demonstrating the total program income earned and the total Ryan White eligible expenditures of that earned program income.
- Quality Management Data Report: Submission of data on the SC Quality Management Program's performance measures via the Clinical Report Card, or other quality report, as allowable by DHEC.
- RSR Client Summary Report or Ryan White Part B Program Services Report: Summary of client demographics and the number of clients and service visits/units by Ryan White service category.
- Needs Assessment Report: A summary report of the annual client Needs Assessment.

### 3. ADDITIONAL DOCUMENTATION AND REPORTING REQUIREMENTS

In addition to the specific reports above, in order to comply with the DHEC contracting requirements and/or the Ryan White legislation, the funded subrecipient must be able to document and report to DHEC the following:

- Information required for establishing contracts and payments with DHEC annually, including, but not limited to: W-9, vendor number, DUNS number, address, and contact information.
- Subrecipient key staff contacts and contact information.

- Other reports as indicated in the Ryan White Reporting Schedule posted to the DHEC website annually;
- Type, amount, and costs of programs and services funded through the subrecipient;
- Number and demographic characteristics of individuals and families served by the subrecipient; and
- Data elements collected for RSR and Quality Management Program, which will include but are not limited to: CD4 counts, viral load test results, TB skin testing, immunization information, and pap tests.

#### 4. ADAP PROGRAM

DHEC is required under the Ryan White Part B Program grant to report unduplicated client services to HRSA. In accordance with this grant requirement and for purposes of the ADAP Program's performance of treatment, payment, and health care operations pursuant to the Health Insurance Portability Act of 1995 (HIPAA), the subrecipient will be required to release to the ADAP Program the following information upon request:

- Electronic information entered into the *Provide Enterprise* System. The information requested will include the Patient's Client Profile, Drug (if entered) and Vital Sign Information (if entered) and will not include detailed information such as visit history and progress logs.
- Timely release of this information to the ADAP Program is essential for purposes of grant compliance.

#### F. GRANT ACCOUNTABILITY MEASURES

1. Communicate to the DHEC Ryan White Part B Program of all location changes and key program contact changes, including email communication list serve contacts, as changes are made or at least on a quarterly basis.
2. Review and respond to Quarterly Compliance Reports.
3. Subrecipients must serve no less than ninety-five percent (95%) of the total number of clients served in the previous calendar year based on the annual Ryan White Services Report. A decrease greater than five percent (5%) in clients served may result in corrective actions and may result in a reduction in funding or termination of the subrecipient agreement unless there is statistical evidence of a decrease in need for the service area or additional services providers added to the service area.
4. Subrecipients falling below twenty percent (20%) of the state benchmark for any of the established Quality Management Performance Measures will be required to implement improvement strategies and report progress to DHEC. The improvement strategies must include agreed upon (between DHEC and subrecipient) improvement targets with established time frames. Non-compliance with the improvement strategy or continued performance below twenty percent (20%) of the state benchmark may result in a reduction in funding or termination of the subrecipient agreement.

5. Subrecipients lapsing 10% or more of their funding in a period of performance, without consultation and approval from DHEC as to why the decreased need for available funding in the service area, may receive a reduced award in the following period of performance DHEC.
6. In a period of performance, subrecipients must use funds within ten percentage (+/-10%) points of the ratio of the population of racial minority groups with HIV infection of the geographic service area to the general population in the geographic area of individuals with HIV infection. DHEC's satisfactory review the annual RSR Client Summary Report or Ryan White Part B Program Services Report will satisfy this report.
  - For example, in the service area if the proportion of African-Americans with HIV infection to the total number of persons with HIV infection is **seventy-four** percent (74%), then the subrecipient must expend **at least sixty-four** percent (64%) of its annual funding to providing services to African Americans.
7. Subrecipients must use no lesser than the percentage of funds in a fiscal year constituted by the ratio of the population of the geographic service area of infants, children, youth and women with HIV infection to the general population in the geographic area of individuals with HIV infection. DHEC's satisfactory review of the WICY Report will satisfy this requirement.
  - For example, in the service area if the proportion of infants, children, youth and women with HIV infection to the total number of persons with HIV infection is twenty-four percent (24%), then the subrecipient must expend no less than twenty-four percent (24%) of its annual funding to providing services to infants, children, youth and women. MEASURE – Actual proportion of infants, children, youth and women with HIV infection served per year versus the number of infants, children, youth and women with HIV infection in the geographic area.
8. Non-compliance with subrecipient agreement requirements may result in Corrective Actions, Probation, and/or Termination of the subrecipient agreement or in funding reductions.

#### **IV. INFORMATION FOR APPLICANTS TO SUBMIT/SCORING CRITERIA**

##### **NOTE: THE FOLLOWING INFORMATION MUST BE PROVIDED.**

To be considered for an award, all proposals must include, at a minimum, responses to the following information. Scoring points associated with each section are noted in parentheses. The proposal must contain all required information listed below, with exceptions noted for specific items. Applicants should restate each of the items listed below and provide their response immediately thereafter.

If an applicant is applying for more than one (1) service area, the applicant must submit complete, separate applications for each service area for which it is applying.

The applicant is to submit ONE ORIGINAL AND FOUR (4) copies including, but not limited, to the following information for consideration and evaluation. All attachments should be labeled, referenced accordingly within the application and placed at the end of the application.

DHEC reserves the right to request any information it deems necessary to make the final decision concerning the applicant's ability to provide the services requested herein before entering into a subrecipient agreement. DHEC also reserves the right to require a pre-decisional site visit to review any requested information prior to making a final decision on funding.

**All information should be presented in the listed order.**

**COVER LETTER:** – Submit a cover letter including the following:

1. Service area for which the applicant is applying for Ryan White Part B Base funds. If the applicant is also applying for Ryan White Part B Emerging Communities and/or Ryan White Part B Minority AIDS Initiative, please indicate in the cover letter;
2. Statement that the applicant is willing to perform the services as stated in the RFGA if awarded;
3. Statement that the applicant will comply with all requirements of the RFGA and the attached subrecipient agreement, if awarded;
4. Statement that the project(s) can be carried out for the amount requested;
5. The cover letter must be signed by a person having authority to commit the applicant to a subrecipient agreement; and
6. The name and email address of the person to which the Intent to Award Notification should be sent.

**TABLE OF CONTENTS** – Provide a **one-page** table of contents document that includes all the items listed below.

- A. Eligibility Determination Documentation
- B. Organizational History, Experience, Structure, and Capacity
- C. Needs Assessment and Program Planning
- D. Ryan White Part B Program Description
- E. Community Collaborations
- F. Reporting and Evaluation
- G. Ryan White Part B Program Budget Narrative Cost Allocation Plan
- H. Emerging Communities Application (if applicable)
- I. Ryan White Part B Emerging Communities Budget Narrative and Cost Allocation Plan (if applicable)
- J. Minority AIDS Initiative Application (if applicable)
- K. Ryan White Part B MAI Budget Narrative and Cost Allocation Plan (if applicable)

A. **ELIGIBILITY DETERMINATION DOCUMENTATION (not scored; however, all components must be present for the application to be reviewed and the information may be used for award determination)**

1. Describe the three (3) years of established history of providing quality RW eligible services of HIV medical care, HIV medical case management, and/or supportive services (consistent with RW eligible service) to Ryan White Part B eligible PLWH as outlined in the Scope of Services.
2. Provide three (3) years of data reports as documentation of three (3) years of service history described above:
  - ***Applicants who have previously received Ryan White funding:*** Provide three annual Ryan White data reports (CY2018, CY2019, CY2020). Data may be in the form of a summary data report such as a Client Summary Report from *Provide Enterprise (PE)* or a Ryan White Data or Services Report printed directly from another RSR-ready database (include the name of database).

- ***Applicants who have not previously received Ryan White funding:*** Indicate sources of funding and specific programs supported. If grant funds, include start and end dates of grant funding. Provide at least three annual data reports indicating RW eligible services of HIV medical care, HIV medical case management, and/or supportive services (consistent with RW eligible services) to Ryan White Part B eligible clients provided (CY2018, CY2019, CY2020). Data may be in the form of: 1) reviewed summary data reports clearly indicating provision of specific services to RW Part B eligible clients; (2) data within a site visit report from the funder; or (3) data within a funder's technical review of the applicant's annual report.
3. Provide a list of all office locations giving physical addresses and phone numbers where SC Ryan White Part B DHEC funded services will be provided to eligible PLWH.
  4. Provide a statement assuring DHEC that eligible PLWH in all counties of the service area will be served (specifics of the accessibility for clients will be scored in the Ryan White Part B Program Description section).
  5. Provide a statement indicating that the applicant has the capacity to enter into a cost reimbursement grant agreement without prompt reimbursement from DHEC.
  6. Provide a statement indicating the applicant has documented organizational fiscal stability to maintain its agency's core services without the Ryan White Part B Program funds provided in this grants process.
  7. Submit a Certificate of Existence, also known as a Certificate of Good Standing, from the South Carolina Secretary of State. This certificate states that an entity is in good standing with the Secretary of State's Office and has, to the best of the Secretary of State's knowledge, filed all required tax returns with the South Carolina Department of Revenue. The Certificate can be requested via: <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>.
  8. Does your organization currently have any DHEC subawards or contracts in a probationary status? If yes, provide a description of the circumstances, including: DHEC subaward or contract number, date of probation, reason for probation, and any changes within the applicant organization to ensure compliance with current and future contracts.
  9. Has your organization ever had a DHEC subaward or contract terminated for non-compliance? If yes, provide a description of the circumstances of the terminated subaward or contract including: the DHEC subaward or contract number, date of termination, reason for termination, and any changes within the applicant organization to ensure compliance with current and future contracts.
  10. Submit a completed Pre-Award Risk Assessment. (Although the risk assessment is not scored, the results of DHEC's Pre-Award Risk Assessment could impact the decision to award or the terms on which an award is made.)

**B. ORGANIZATIONAL HISTORY, EXPERIENCE, STRUCTURE, AND CAPACITY (30 POINTS TOTAL)**

1. Describe the organization's history and experience demonstrating the ability to accomplish the tasks set forth in the Scope of Work and adhere to the HRSA National Monitoring Standards, SC Ryan White Part B Program Standards, SC Part B Medical Case Management Standards, and DHHS Screening/Treatment Guidelines and Goals.

2. Describe the organization's record of service to special populations and sub-populations with HIV disease within the counties to be served. In addition, if not a current Ryan White Part B subrecipient, please include the number of PLWH currently served by your organization with each of the Ryan White eligible services in this application. If your organization is a current Ryan White funded provider, the 2020 Ryan White data report submitted for eligibility determination in Section A will be reviewed for the number of PLWH served with each of the Ryan White eligible services.
3. Submit an organizational chart reflecting the organizational structure of your organization, governance, programs/services, and staffing.
4. Describe the organization's key staff for administering and implementing the proposed RW Part B Program funded services and ensuring compliance with all requirements listed in the RFGA. Submit job descriptions and biographical sketches (or resumes) of key personnel.
5. If applicable, list your Board of Directors including, name, title, phone number, and email address. Provide the term requirement for a Board Member.
6. Describe how the composition of the Board of Directors and the composition of the key agency staff reflect the target population.
7. What are the organization's hours of operations at all sites where Ryan White Part B Program services will be provided? Does the organization have the ability to operate during non-traditional work hours? If so, please describe.
8. What are your organization's data security and confidentiality standards?
9. What is the organization's current client grievance policy?
10. If applicable, has your organization received training or are staff familiar with the OMB Circulars A-122 Cost Principles for Non-Profit Organizations?
11. If applicable, has your organization received training on DHEC's Federal Grants Compliance Requirements for Subrecipients?
12. Describe the financial mechanisms and processes in place for tracking, reporting, and reconciling program expenditures for multiple funding sources?
13. Describe the current process for collecting, tracking, reporting, and reconciling program income revenue and program income expenditures (including third party reimbursement and 340B income, if applicable) in compliance with HRSA HAB's PCN 15-03.
14. How does the organization ensure no duplication of payment among multiple funding sources, including third party payers, for client services?
15. Submit the most recently completed 990, a full agency budget (including all sources of funding/support and the specific programs supported) for the current year, and the most recently completed organizational audit, including findings.
16. What insurance coverage does your organization have for your facilities, employees and Board/officers? Identify the policy name and coverage limits.

17. Who is responsible for your organization's written accounting, administrative, personnel, procurement/purchasing, and/or operational policies and procedures? How often are organizational policies and procedures reviewed?
18. *Applicants who are not currently DHEC Ryan White Part B-funded:* Provide at least one site visit report, programmatic audit, or technical review from a funding source grantor describing the level of quality service delivery and other successes in providing eligible Ryan White Part B services to eligible Ryan White Part B clients as are being proposed in this application. This document or documents may be from any year(s) within the past three calendar years (2018, 2019, 2020). If an applicant is currently receiving DHEC Ryan White Part B funding, the site visit reports on file will be reviewed and included in the scoring. **(Note: Applicants currently receiving DHEC Ryan White Part B funding do not need to submit a site visit report. To satisfy this requirement, reviewers will examine the applicant's most recent DHEC Ryan White Part B site visit report on file at DHEC.**
19. Does your organization have a Continuity of Operations Plan? Briefly describe your organization's ability to provide services during an emergency situation.
20. Describe your organization's capacity to provide culturally and linguistically appropriate services?
21. Will the organization be subcontracting for the provision of services to PLWH? If so, how will the organization provide contractual oversight and ensure the subgrantee is in compliance with all DHEC subaward requirements?
22. List any lawsuits that have been filed against the organization for any services related to the services that will be provided under this Ryan White Part B Program. Include the status and a background on the claim.
23. How will the organization be able to begin the provision of services within sixty (60) days of subaward execution?

C. NEEDS ASSESSMENT AND PROGRAM PLANNING (15 POINTS TOTAL)

1. Describe the HIV epidemic in the service area for which your organization is applying. The applicant shall consider demographic characteristics of reported HIV cases and unmet needs in the service area. South Carolina HIV surveillance data is available on the DHEC website at: <http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/DataandReports/>.
2. What are the target populations to be served with these Ryan White Part B Program funds?
3. Describe the existing HIV services, service needs or gaps, and unmet needs within the service area. What methods were used for determining the existing services, needs or gaps, and unmet needs in the service area? Were PLHW involved? If so, how?
4. How are PLWH engaged in the organization's planning and quality improvement processes? If your organization has a Consumer Advisory Board, provide 2021 meeting dates.
5. How will the SC Integrated HIV Care and Prevention Plan and HIV Care Continuum and SC EHE Plan be utilized each year in planning, prioritizing, targeting, and monitoring available resources in

response to needs of PLWH in the jurisdiction,, and in improving engagement at each stage in the HIV care continuum?

**D. RYAN WHITE PART B PROGRAM DESCRIPTION (25 POINTS TOTAL)**

1. Describe the continuum of services to be offered to PLWH by your organization. Include each RW Part B eligible service and the service delivery process for each service proposed to be provided with Ryan White Part B funds. Include who at the organization will deliver the service and how the organization will ensure proper and timely access to all services.
  - The following six (6) services must be provided or paid for: medical care, medical case management, mental health services, oral health services, substance abuse services outpatient, and medical transportation.
  - If other services are available through other sources of funding to RW Part B eligible PLWH at your organization, you may also include a description of those services with funding sources separately. This will ensure reviewers of the application know the full array of services available to PLWH
2. Complete an annual Implementation Plan (Required template found here: [Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#)) showing the RW Part B Program funded services proposed to be provided and how many Ryan White Part B eligible PLWH are proposed to be served with each funded service. Note: No less than 75% of the funds can be spent on core services. Funding amounts for each service category on the IP should match the Budget Narrative and Cost Allocation Plan Ryan White service category totals.
  - The following six (6) services must be provided or paid for: medical care, medical case management, mental health services, oral health services, substance abuse services outpatient, and medical transportation.
3. What is the client eligibility criteria for service at your organization? How will the organization ensure Ryan White Part B Program funds are only provided to RWB eligible clients?
4. Describe how Ryan White Part B Program services will be made available and accessible to all clients in the multi-county service area, including the outlying areas. Please include the number of clients currently served in each county of the service area for which the organization is applying. Include telehealth capacity, if available.
5. Describe the intake process for a newly diagnosed client referred to your organization for Ryan White Part B services?
6. How will the organization ensure that Ryan White is the payer of last resort and that it will vigorously pursue alternate payer sources for clients, including Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, basic health plans and private insurance?
7. If proposing to provide any Medicaid eligible services, provide proof of Medicaid certification.

**E. COMMUNITY COLLABORATIONS (15 POINTS TOTAL)**



1. Describe the organization's partnerships with entities in the area that provide key points of access to the health care system for people living with HIV including health departments, community health centers, HIV testing sites, mental health centers, substance abuse services, homeless service centers, etc. Include a list of those partner entities.
2. Describe the planned EIIHA and other initiatives to be implemented by your organization, including partnerships with HIV testing sites and/or provision of testing services on-site, if applicable, for facilitating early intervention and rapid linkage to medical care.
3. Describe how the organization collaborates with entities providing ambulatory and outpatient HIV-related health care services, medical case management, and supportive services within the service area, including other Ryan White funded and Housing Opportunities for People with AIDS (HOPWA) funded agencies, providing services to similar populations. Include a list of entities in the service area providing Ryan White and HOPWA eligible services.
4. How will your organization ensure coordination, but not duplication, of services to PLWH will occur within the service area, especially if there are multiple Ryan White subrecipients (either DHEC or HRSA funded)?
5. Describe your organization's involvement with the S.C. HIV Planning Council and/or SC's Ending the HIV Epidemic planning process.

F. REPORTING AND EVALUATION (15 POINTS TOTAL)

1. If awarded, does the organization agree to use the database software *Provide Enterprise*?
2. How does the organization currently track client demographics and services provided that will be needed for quarterly and annual reports?
3. How will the organization evaluate Ryan White Part services to ensure service provision goals and objectives are met?
4. What are the organization's overall Retention in Care and Viral Suppression rates for PLWH currently served by the organization? How were these calculated? How do these measures compare to three (3) years ago? What is the organization's overall goal for retention in care and viral suppression for PLWH served by the organization in three (3) years?
5. Does your organization have a Quality Management Plan? Who is responsible for updating the plan and how often? Does your organization have an internal Quality Management Committee? List members. How often does the committee meet?
6. Describe a current Clinical Quality Management initiative or activity related to HIV care within your organization? What are the desired results?
7. How often does your organization review HAB performance measurement data (including Clinical Report Card, if applicable)? When does the organization take action to correct a measure trending downwards?

G. RYAN WHITE PART B BASE BUDGET NARRATIVE AND COST ALLOCATION PLAN

All applicants must complete a proposed Budget Narrative and Cost Allocation Plan (Required template found here: [Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#)). The BCNAP must include planned expenditure details on personnel (including each funded staff by title, name, salary and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within state and GSA allowed rates), contractual, other, and administration (admin expenditures must be itemized) by Ryan White service category. The budget should include clear descriptions of the use of the funds.

The BNCAP should be a 12-month budget period for the grant year starting April 1, 2022 through March 31, 2023.

The BNCAP must be submitted but will not be part of the scoring criteria for determination of award. The budget document will be reviewed to ensure a clear and understandable explanation of all costs and a demonstration of project costs.

All sources of funding applied for must be included on one Budget Narrative and Cost Allocation Plan. For example, if applying for RW Part B, EC, and MAI; the RW Part B, EC and MAI budgets must be included on the submitted Budget Narrative and Cost Allocation Plan.

#### H. EMERGING COMMUNITIES APPLICATION (40 POINTS TOTAL)

(Scored separately after awarding RW Part B Program)

DHEC is also accepting applications for Emerging Communities funding. The EC application will be scored separately after awarding RW Part B Base awards. Only awarded RW Part B awardees through this RFGA that are located in an area designated as an EC area will be eligible for EC funding.

Emerging Communities supplemental funding is available for providing Ryan White Part B eligible core and supportive services for low-income PLWH in two areas of the state with the goals of increasing rates of persons with HIV who are linked to medical care, retained in medical care, and achieve viral suppression evidenced as needs in the SC HIC Care Continuum. The two HRSA EC designated areas of SC are: (1) Columbia and (2) Charleston-North Charleston-Summerville.

1. Describe the need for supplemental funding for providing core and supportive services to clients served by the organization.
2. Complete an annual Implementation Plan (required template found here: [Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#)) showing the RW Part B Emerging Community services proposed to be provided and how many Ryan White Part B eligible PLWH are proposed to be served with each service. At least 75% of expenditures must be core services.
3. Describe each RW Part B eligible service and the service delivery process for each service as proposed to be provided with Ryan White Part B EC funds. Include who at the organization will deliver the service and how the organization will ensure proper and timely access to each service.
4. Describe how the planned EC-funded services will increase rates of persons living with HIV who are linked to medical care, retained in medical care, and virally suppressed. Are there other anticipated outcomes?

#### I. EMERGING COMMUNITIES BUDGET NARRATIVE AND COST ALLOCATION PLAN

All applicants must complete a proposed Budget Narrative and Cost Allocation Plan (required template found here: [Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#)) using the EC funding

column. The BCNAP must include planned expenditure details on personnel (including each funded staff by title, name, salary and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within state and GSA allowed rates), contractual, other, and administration (admin expenditures must be itemized) by Ryan White service category. The budget should include clear descriptions of the use of the funds.

The BNCAP should be a 12-month budget period for the grant year starting April 1, 2022 through March 31, 2023.

The BNCAP must be submitted but will not be part of the scoring criteria for determination of award. The budget document will be reviewed to ensure a clear and understandable explanation of all costs and a demonstration of project costs. All sources of funding applied for must be included on one Budget Narrative and Cost Allocation Plan. For example, if applying for RW Part B, EC, and MAI; the RW Part B, EC and MAI budgets must be included on the submitted Budget Narrative and Cost Allocation Plan.

**J. MINORITY AIDS INITIATIVE APPLICATION (40 Points)**  
**(Scored separately after awarding RW Part B Program)**

DHEC is also accepting applications for Ryan White Part Minority AIDS Initiative (MAI) funding for one (1) statewide prison discharge planning program and four (4) jail outreach programs for increasing racial and ethnic minority populations' participation in ADAP. The MAI application will be scored separately after awarding RW Part B Base awards. Only awarded RW Part B subrecipients through this RFGA will be eligible for MAI funding.

1. Indicate the outreach initiative(s) the organization is proposing to increase minority participation in ADAP? The proposal must include the prescribed outreach efforts: (1) Statewide Prison Discharge Planning and/or (2) Local Jail Outreach Program.
2. Depending on the project(s) for which the applicant is applying, describe the need for Statewide Prison Discharge Planning in the state and/or the need for a Local Jail Outreach Program in the geographic service area to increase minority participation in SC ADAP treatment services. Include numbers of PLWH in prison and/or jails in the service area by county and current testing efforts in prison and/or jails in the service area by county. What are the barriers for PLWH in prison and/or jail with participating in ADAP?
3. If applying for #1, describe the organization's experience and outcomes with implementing and operating a Statewide Prison Discharge Planning Program. Describe the current relationship the organization has with the SC Department of Corrections.
4. If applying for #2, describe the organization's experience and outcomes with providing outreach to the local jail populations. Describe the current relationship the organization has with the local jails.
5. If applying for #1, describe the service delivery process for a statewide prison discharge planning program and how that service increases the populations' participation in ADAP. Include staff needs to be funded with MAI dollars.
6. If applying for #2, describe the service delivery process for providing outreach services at local jails and increasing the populations' participation in ADAP of those receiving services. Include staff needs to be funded with MAI dollars.

7. List the goals and specific, measurable objectives of the project including the number of persons you intend to provide outreach efforts to during the project period. Additionally, submit an Implementation Plan. (Required template found here [Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#))
8. List any organizations that are providing similar services in the service area. How will this proposed program further meet the needs of the target population or improve services provided?
9. If applicable, list any other funding the organization receives to meet these needs or other Outreach funds allocated from DHEC. Demonstrate why additional funding is needed and, if funded with MAI funding, how your organization will avoid duplication of services.

**K. MINORITY AIDS INITIATIVE BUDGET NARRATIVE AND COST ALLOCATION PLAN**

All applicants must complete a proposed Budget Narrative and Cost Allocation Plan (Required template found here: [Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#)) using the MAI funding column. The BCNAP must include planned expenditure details on personnel (including each funded staff by title, name, salary and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within state and GSA allowed rates), contractual, other, and administration (admin expenditures must be itemized) by Ryan White service category. The budget should include clear descriptions of the use of the funds. The 75% core services requirement does not apply to MAI funding.

The BNCAP should be a 12-month budget period for the grant year starting April 1, 2022 through March 31, 2023.

The BNCAP must be submitted but will not be part of the scoring criteria for determination of award. The budget document will be reviewed to ensure a clear and understandable explanation of all costs and a demonstration of project costs. All sources of funding applied for must be included on one Budget Narrative and Cost Allocation Plan. For example, if applying for RW Part B, EC, and MAI; the RW Part B, EC and MAI budgets must be included on the submitted Budget Narrative and Cost Allocation Plan.

**APPLICATION SUBMISSION SUMMARY**

The application must include one (1) original and four (4) copies of the following in listed order:

1. Signed Cover Letter (not scored)
2. Eligibility Determination Documentation (not scored)
3. Organizational History, Experience, Structure, and Capacity
4. Needs Assessment and Program Planning
5. Ryan White Part B Program Description
6. Community Collaborations
7. Reporting and Evaluation
8. Ryan White Part B Program Budget Narrative Cost Allocation Plan
9. Emerging Communities Application (if applicable)
10. Ryan White Part B Emerging Communities Budget Narrative and Cost Allocation Plan (if applicable)
11. Minority AIDS Initiative Application (if applicable)
12. Ryan White Part B MAI Budget Narrative and Cost Allocation Plan (if applicable)

## **Attachment 1**

National HIV/AIDS Strategy (NHAS), Updated to 2020

Ending the HIV Epidemic: A Plan for America

National Strategic Plan: A Roadmap to End the Epidemic: 2021-2025

S.C. DHEC's HIV/AIDS Strategy, 2017-2021

S.C. DHEC's Ending the HIV Epidemic (EHE) Plan

**The United States National HIV/AIDS Strategy (NHAS), Updated to 2020**

<https://www.hiv.gov/sites/default/files/nhas-2020-action-plan.pdf>

**The National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025**

<https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

**Ending the HIV Epidemic: A Plan for America**

<https://www.cdc.gov/endhiv/docs/ending-HIV-epidemic-overview-508.pdf>

**S.C. DHEC's HIV/AIDS Strategy, 2017-2021**

[https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/SC%20HIVAIDS%20Strategy\\_2017-2021\\_FINAL\\_091916.pdf](https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/SC%20HIVAIDS%20Strategy_2017-2021_FINAL_091916.pdf)

**S.C. DHEC's Ending the HIV Epidemic (EHE) Plan**

[https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025\\_FINAL.pdf](https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025_FINAL.pdf)

## **Attachment 2**

HRSA's Ryan White Service Definitions

[RWServicedefinitions.pdf \(scdhec.gov\)](#)

### **Attachment 3**

#### **Quality Management Plan**

<https://scdhec.gov/sites/default/files/media/document/CY%202019%20Quality%20Management%20Plan.pdf>

## **Attachment 4**

South Carolina DHEC Ryan White Part B Standards

<https://scdhec.gov/sites/default/files/media/document/Ryan-White-Part-B-Service-Standards-March-2021.pdf>



## **Attachment 5**

### **South Carolina Part B Medical Case Management Standards**

[https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/RyanWhite/PartB/Ryan%20White%20Part%20B%20Medical%20Case%20Management%20Standards\\_Final\\_6-27-18.pdf](https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/RyanWhite/PartB/Ryan%20White%20Part%20B%20Medical%20Case%20Management%20Standards_Final_6-27-18.pdf)

## **Attachment 6**

### **South Carolina Ryan White Part B Medical Case Management Qualifications and Training**

All new hires for Ryan White Part B HIV Medical Case Manager and HIV Medical Case Management Supervisor positions must meet the following criteria:

#### **HIV Medical Case Manager**

An HIV Medical Case Manager must meet one (1) of the following qualifications:

1. Hold a master's degree from an accredited college or university in a human services field related to Social Work, Sociology, Health Education, Child and Family Development, Maternal and Child Health, Counseling, Psychology, or Nursing; or
2. Hold a bachelor's degree from an accredited school of social work; or
3. Hold a four-year degree from an accredited college or university in a human services field or related curriculum including at least fifteen (15) semester hours in courses related to social work or counseling and six (6) months of social work or counseling experience; or
4. Hold a four-year degree from an accredited college or university and one (1) year experience in counseling or in a related human services field with experience in techniques of counseling, casework, health education, group work or community organization; or
5. Be a licensed Social Worker, Registered Nurse, Nurse Practitioner, or Certified Substance Abuse Counselor.

#### **HIV Medical Case Management Supervisor**

An HIV Medical Case Management Supervisor must meet one (1) of the following qualifications:

1. Hold a master's degree from an accredited college or university in a human services field related to Social Work, Sociology, Health Education, Child and Family Development, Maternal and Child Health, Counseling, Psychology or Nursing, and one (1) year experience in direct service provision in a human services setting; or
2. Hold a bachelor's degree from an accredited school of social work and three (3) years of experience in case management or direct service provision in a human services setting; or
3. Hold a four-year degree from an accredited college or university in a human services field or related curriculum including at least fifteen (15) semester hours in courses related to social work or counseling and six (6) months of social work or counseling experience and three (3) years of experience in direct service provision in a human services setting; or
4. Hold a four-year degree from an accredited college or university and one (1) year experience in counseling or in a related human services field with experience in techniques of counseling, casework, health education, group work or community organization and three (3) years of experience in direct service provision in a human services setting; or
5. Hold a four-year degree from an accredited school of professional nursing and have a minimum of three (3) years of experience in direct service provision in a human services setting.

6. Be a licensed Social Worker, Registered Nurse, Nurse Practitioner, or Certified Substance Abuse Counselor and have three (3) years of experience working in human services.

### **Required Medical Case Manager Training**

All newly hired Medical Case Managers and Supervisors must complete a minimum MCM Training regimen within twelve (12) months of their hire date. This includes:

- HIV 101
- New MCM Orientation & PE
- Benefits Navigation
- Basic Counseling

All Medical Case Managers and Supervisors must complete at least twelve (12) hours of continuing education in case management practices or HIV/AIDS each year. Guidance for determining appropriate continuing education opportunities will be provided SC DHEC. Documentation of completion of continuing education must be kept in the employee's personnel file.

## **Attachment 7**

Ryan White Part B Program Budget Narrative and Cost Allocation Plan

<http://www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

Ryan White Part B Program Implementation Plan Workbook Template

<http://www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

Ryan White Part B Program Budget Revision Templates

<http://www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

Ryan White Part B Program Budget Monthly Invoice Templates

<http://www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

## Attachment 8

### Code of Conduct

This code of conduct governs the environment of SC DHEC's HIV/STD/VH Division, including staff and contracted subrecipients. This Code of Conduct was created in response to findings from a NASTAD site visit in March 2020. We learned that articulating values and obligations to one another reinforces the level of respect needed among the team and having a code provides us with clear avenues to correct our culture should it ever stray from that course.

- **Be friendly and patient.**
- **Be welcoming.** We strive to be a community that welcomes and supports people of all backgrounds and identities. This includes, but is not limited to members of any race, ethnicity, culture, national origin, color, immigration status, social and economic class, educational level, sex, sexual orientation, gender identity and expression, age, size, family status, political belief, religion, and mental and physical ability.
- **Be considerate.** Your work will be used by other people, and you in turn will depend on the work of others. Any decision you make will affect colleagues and others across multiple organizations, and you should take those consequences into account when making decisions. Remember that we're a world-wide community, so you might not be communicating in someone else's primary language. Be polite and friendly in all forms of communication, especially remote communication, where opportunities for misunderstanding are greater. Use sarcasm carefully. Tone is hard to decipher online; make judicious use of all available tools to aid in communication.
- **Be respectful.** Not all of us will agree all the time, but disagreement is no excuse for poor behavior and poor manners. We might all experience some frustration now and then, but we cannot allow that frustration to turn into a personal attack. It's important to remember that a community where people feel uncomfortable or threatened is not a productive one. We should be respectful when dealing with others.
- **Be generous and kind in both giving and accepting critique.** Critique is a natural and important part of improving. Good critiques are kind, respectful, clear, and constructive, focused on goals and requirements rather than personal preferences. You are expected to give and receive criticism with grace.
- **Be careful in the words that you choose.** We are a community of professionals, and we conduct ourselves professionally. Be kind to others. Do not insult or put down other participants. Harassment and other exclusionary behavior aren't acceptable. This includes, but is not limited to:
  - Violent threats or language directed against another person.
  - Discriminatory jokes and language.
  - Posting sexually explicit or violent material.
  - Personal insults, especially those using racist or sexist terms.

- Unwelcome sexual attention.
  - Advocating for, or encouraging, any of the above behavior.
  - Repeated harassment of others. In general, if someone asks you to stop, then stop.
- **When we disagree, try to understand why.** Disagreements, both social and technical, happen all the time. It is important that we resolve disagreements and differing views constructively. Remember that we're different. The strength of our network comes from its varied community and people from a wide range of backgrounds. Different people have different perspectives on issues. Being unable to understand why someone holds a viewpoint doesn't mean that they're wrong. Don't forget that it is human to err and blaming each other doesn't get us anywhere. Instead, focus on helping to resolve issues and learning from mistakes.

## Unacceptable behaviors

The DHEC Ryan White Part B Team is committed to providing a welcoming and safe environment for people of all races, gender identities, gender expressions, sexual orientations, physical abilities, physical appearances, socioeconomic backgrounds, life experiences, nationalities, ages, religions, and beliefs. Discrimination and harassment are expressly prohibited. Harassment may include, but is not limited to, intimidation; stalking; unwanted recording or photography; inappropriate physical contact; use of sexual or discriminatory imagery, comments, or jokes; intentional or repeated misgendering; sexist, racist, ableist, or otherwise discriminatory or derogatory language; and unwelcome sexual attention.

In order to provide a welcoming environment, we commit to being considerate in our language use. Any behavior or language which is unwelcoming—whether or not it rises to the level of harassment—is also strongly discouraged. Much exclusionary behavior takes the form of microaggression - subtle put-downs which may be unconsciously delivered. Regardless of intent, microaggressions can have a significant negative impact on victims and have no place on our team.

## Addressing Violations and Challenges

These guidelines are ambitious, and we're not always going to succeed in meeting them. When something goes wrong—whether it's a microaggression or an instance of harassment—there are a number of things you can do to address the situation. We know that we'll do our best work if we're happy and comfortable in our surroundings, so we take concerns about this stuff seriously. Depending on your comfort level and the severity of the situation, here are some things you can do to address it:

- **Address it directly.** If you're comfortable bringing up the incident with the person who instigated it, pull them aside to discuss how it affected you. Be sure to approach these conversations in a forgiving spirit: an angry or tense conversation will not do either of you any good. If the exchange occurred in a digital format, it may be best to reach out and speak to those involved to determine if language was misconstrued.

If you're too frustrated to have a direct conversation, there are a number of alternate routes you can take.

- **Talk to a peer or mentor.** Your colleagues are likely to have personal and professional experience on which to draw that could be of use to you. If you have someone you're comfortable approaching, reach out and discuss the situation with them. They may be able to advise on how they would handle it or direct you to someone who can. The flip side of this, of course, is that you should also be available when others reach out to you.
- **Reach out to a member of the management team.** DHEC management is happy to talk to you about the problem and hopes you are willing to do the same. We aim to be good at listening to concerns about small violations, but also be able to help in situations where more drastic action needs to be taken. In all cases, we will make every effort to stay in clear communication with anyone who reports a problem, maintaining confidentiality whenever possible. Depending on the severity and urgency of a particular issue, the member of the management team you've spoken to may need to escalate a report to include others, whether higher level supervisors or our legal team. We expect the same from our subrecipients. Where this is necessary, you can expect to be kept in the loop about the progress of your report.

## **Attachment 9**

Ryan White Part B Draft Subaward Agreement



**DRAFT  
FEDERAL SUBAWARD  
BETWEEN  
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL  
CONTROL  
AND**

**Insert the Subrecipient's Full Legal Name as specified on W-9/SCEIS**

This Subrecipient Agreement (Agreement) shall be between the South Carolina Department of Health and Environmental Control (DHEC or Passthrough Entity) and **Insert the subrecipient's Full Legal Name as specified on W-9/SCEIS** (Subrecipient).

**PURPOSE:**

This Agreement, by and between DHEC and Subrecipient, is for the purpose of disbursing funds in accordance with the Health Resources & Services Administration (HRSA) Ryan White HIV/AIDS Treatment Extension Act, Part B Program and DHEC Public Health, STD/HIV/Viral Hepatitis Division, Ryan White Part B Program as outlined in DHEC's Ryan White Part B FY2022-RFGA-HV-206 Request for Grant Applications (RFGA).

**SCOPE OF SERVICES**

The Subrecipient agrees to use Ryan White Part B Program funding for the purposes of and in accordance with the Health Resources & Services Administration (HRSA) Ryan White HIV/AIDS Treatment Extension Act, Part B Program and DHEC for developing and/or enhancing access to a comprehensive continuum of high-quality HIV care and treatment for low-income people living with HIV in the following counties: XXX, XXX, and XXX. The Subrecipient furthermore agrees to comply with all the specific requirements outlined in the Request for Grant Applications FY2022-RFGA-HV-206 (**Attachment I**).

**A. REQUIRED ACTIVITIES**

Subrecipient shall:

1. Conduct an annual individual area needs assessment within the awarded geographic service area and participate in periodic statewide needs assessments to be conducted on an ongoing basis. The annual individual area needs assessment is to be done in collaboration with public health and community-based providers of HIV-related services and with the participation of PLWH using the required assessment tool, which will allow for statewide analysis of data. Surveys must demonstrate a strategy to eliminate survey bias. The subrecipient should include individuals who know their HIV status and are not receiving HIV-related services, as well as paying attention to any gaps in access and services among affected populations. The results of the needs assessment must be used in local program planning. Needs Assessments are to be submitted annually according to the Reporting Calendar to the DHEC Ryan White Part B Program
2. Deliver a continuum of services for PLWH living in all counties of the service area for which the organization provides or pays for services to support the care plan to ensure

clients enter medical care, remain in care, are prescribed and adhere to anti-retroviral therapy, and strive to achieve and maintain viral suppression. The following Ryan White Part B eligible services must be provided or paid for: outpatient ambulatory health services, oral health care, mental health services, medical case management, outpatient substance abuse services, and medical transportation. Other RW Part B eligible core and supportive services include: health insurance premium and cost sharing assistance, home and community based health services, hospice services, medical nutrition therapy, emergency financial assistance, food bank/home delivered meals, health education/risk reduction, housing services, linguistics services, other professional services, outreach services, permanency planning services, psychosocial support services, referral for healthcare/supportive services, rehabilitation services, respite care and substance abuse services residential. These services should be provided in a setting that is accessible to low-income individuals with HIV disease who may have numerous barriers to continuous engagement in care, including a history of mental health, substance abuse, and incarceration. Services should be provided in a culturally and linguistically appropriate manner. Services must be provided to eligible PLWH individuals who may be uninsured, underinsured or have no source of payment for services. Provision of these services must adhere to the Ryan White HIV/AIDS Program Services: Allowable Uses of Funds (HRSA HAB PCN # 16-02), which are subject to change during the grant period. The current version can be found in **Attachment III**. Staff providing services must be licensed and accredited as required by the state for the service they provide when licensing and accreditation is required for a service. As needed, the subrecipient will consult with the DHEC STD/HIV/Viral Hepatitis Program in developing programs/services and policies to ensure compliance with Ryan White legislation. Local Pharmaceutical Assistance Program (LPAP), while included in HAB PCN #16-02 (**Attachment III**), is not allowable under this RFGA, as it is not included in SC's Ryan White Part B award from HRSA.

3. Develop and submit annually to DHEC an annual Budget Narrative and Cost Allocation Plan (BNCAP) and Implementation Plan (IP) to meet identified service needs with the participation of PLWH using the DHEC required BNCAP and IP formats (**Attachment VIII**). After subtracting administrative costs (a maximum of ten percent (10%) of the subrecipient expenditures), a minimum of seventy-five percent (75%) of the award must be spent on core services. In establishing a local plan, the subrecipient must demonstrate that it has consulted with the Regional DHEC office and other entities providing HIV-related health care in the area, including other Ryan White providers, community-based HIV service organizations, and PLWH. The subrecipient must show how its plan agrees with its most recent Needs Assessment and SC's Integrated HIV Care and Prevention Plan 2017-2021, including the SCSN (**Attachment II**).
4. Participate in the Ryan White Statewide Quality Management (QM) program to assess the extent to which HIV health services provided to patients are consistent with the most recent guidelines for the treatment of HIV disease and related opportunistic infections, to assess the efficacy of the programs, to analyze and improve gaps along the HIV care continuum, and to implement respective corrective actions. Participation includes the annual development and implementation of a local Quality Management Plan that is aligned with the overall statewide Quality Management Plan and Workplan (**Attachment**

- IV); representation at QM Steering Committee Meetings; annually submitting Clinical Report Card (as required on the Reporting Calendar), which includes the established statewide QM Performance Measures to DHEC; implementing an internal quality management committee; routinely monitoring organization performance utilizing Performance Measure data and established targets; implementing continuous quality improvement strategies to improve care and support services provided; and quarterly updating DHEC as requested on implementation of improvement strategies.
5. Maintain strong partnerships in the service area between health departments, HIV prevention service providers, HIV care service providers, and community health centers as these are necessary for meeting the goals of SC's Integrated HIV Care and Prevention Plan 2017-2021 and the Ryan White Part B Program Early Identification of Individuals with HIV/AIDS (EIIHA) initiative. EIIHA is the identifying, counseling, testing, informing and referring of diagnosed individuals to appropriate services. The goal of EIIHA is to ensure that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services and linked to medical care.
  6. Promote coordination and integration of community resources and services and address the needs of all affected populations. Maintain appropriate relationships with entities in the area being served that provide key points of access to the health care system for PLWH to facilitate early intervention for those individuals who are newly diagnosed and for those who know their status but are not currently in care. Subrecipient must show evidence of concrete collaborative relationships with providers of medical services, mental health services, and substance abuse services provided to people living with HIV.
  7. Must have structured and on-going efforts to obtain input from clients in the design and delivery of services. Hiring PLWH is highly recommended and aligns with DHEC's Ending the HIV Epidemic (EHE).
  8. Conduct entry or re-entry to care and rapid laboratory testing as recommended to ensure comprehensive, quality medical care services in a manner that is consistent with HIV clinical care and service performance measures and goals, as clients initially engage or re-engage medical care services. The list below is based on recent clinical guidelines. Entry or re-entry into care guidelines are subject to change. Diagnostic/laboratory tests may include but are not limited to:
    - Proof of eligibility: Confirmatory HIV rapid test in a manner consistent with CDC and HRSA Rapid/Rapid testing policy and HIV confirmatory antibody blood test;
    - HIV Disease Progression: T-cell panel CD4 count/complete blood panel and HIV Viral Load;
    - Public Health: Screening for Syphilis and other STIs;
    - Co-infection: Screening for Hepatitis positivity, immunity, drug resistance and/or disease progression;
    - Public Health: Screening for Tuberculosis exposure and/or infection;

- ART Therapy: Drug sensitivity test - such as but not limited to - HLA-B\*5701 for therapies containing Abacavir and/or CCR5 Tropic Assay for Selzentry;
  - Resistance testing: Drug resistance testing, which includes nucleotide sequencing, such as Genotype or Phenotype;
  - Standard of Care: Other tests as defined by the subrecipient for standard of care at entry or re-entry into care.
9. Certify that all clients served with Ryan White Part B services meet the following South Carolina Part B eligibility criteria: have confirmed diagnosis of HIV, live in South Carolina, have limited income (at or below 550% of the Federal Poverty Level), and have no other payer source for the services provided. Proof of eligibility must be on file and collected prior to initiation of services. Subrecipients must ensure all clients receiving Ryan White Part B services certify eligibility every 12 months/annually and recertify eligibility at least every 6 months.
  10. Ensure Ryan White HIV/AIDS Program is the payer of last resort and vigorously pursue alternate payer sources. Charges that are billable to third party payers are unallowable. The subrecipient must make every effort to ensure that alternate sources of payments are pursued, and that program income is received, tracked, and used consistent with grant requirements. Subrecipient is required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, basic health plans, and private insurance.
  11. Establish and maintain a schedule of charges policy for services billable to insurance that includes a cap on charges in accordance with HRSA's requirements for client cost share. The policy must be posted publicly and be based on the current Federal Poverty Level. No charges may be imposed on clients with incomes below one hundred percent (100%) of the FPL. Charges to clients with incomes greater than the poverty level are determined by a three-tiered schedule of charges. Annual limitation of charges for Ryan White services are based on percent of the client's annual income. The schedule of charges policy and annual caps must follow the guidelines in HRSA's National Fiscal Monitoring Standards.
  12. Participate in the SC ADAP IAP which will be demonstrated by: (1) an executed ADAP Health Insurance Premium (HIP) subaward agreement with DHEC; and (2) clients enrolled and maintained in ADAP IAP in accordance with the annual SC ADAP ACA Open Enrollment Plan.
  13. Annually, ADAP will develop an ADAP ACA Open Enrollment Plan. This plan will assign a number or percentage of clients for each subrecipient to move from the ADAP Direct Dispensing Program (DDP) to, and maintain in, the ADAP IAP during the ACA Open Enrollment period. Clients moved to ADAP IAP must be enrolled in an ADAP approved plan. The ADAP ACA Enrollment Plan will be shared with subrecipients on October 15th or two weeks after the release of the ACA plans, whichever is later, each year. The assigned number or percentage of clients will be determined based on

financial needs of the SC Ryan White Part B Program, including ADAP, and HRSA's requirement to vigorously pursue enrollment in healthcare coverage. For example, the ADAP 2021 ACA Open Enrollment Plan requested subrecipients to switch 25% of clients currently enrolled in the Direct Dispensing Program to IAP during ACA open enrollment. Current level of client participation as of September 30, 2021, in ADAP IAP must also be maintained for compliance, unless prior written approval is received from the DHEC ADAP Program.

Non-compliance with establishing a HIP contract after 120 days of execution of this subrecipient agreement will result in the termination of this subrecipient agreement. Non-compliance with maintaining clients in ADAP IAP and achieving the ADAP ACA Open Enrollment targets (without consultation and approval from ADAP) after each annual ACA Open Enrollment period will result in the reduction of funding at the beginning of the next period of performance and/or termination of this subrecipient agreement. New clients enrolled in IAP during the grant year and at ACA Open Enrollment may count towards the annual target.

Subrecipient must refer clients to the SC ADAP for application to the SC ADAP Insurance Program following the ADAP Health Insurance Assistance Program (HIP) guidelines, which can be found at:

<http://scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/AIDSDrugAssistancePlan/>

The subrecipient shall pay premiums for those clients approved and accepted into the program, based on the current ADAP eligibility criteria, which can be found at <http://scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/AIDSDrugAssistancePlan/>

Reimbursement for the premium payments should be requested to DHEC as stated in the HIP subaward. Only premiums for ADAP approved plans will be reimbursed. Client assistance with co-pays and deductibles will be set up with an ADAP-participating IAP pharmacy. (ADAP does not pay for premiums for employer sponsored plans).

ADAP generates rebates on ADAP formulary medications for all clients enrolled in the SC ADAP IAP. Rebate funds generated by the ADAP IAP program are used to support uninsured and under-insured ADAP clients, as well as programs and services across the state, and to ensure the net costs associated with the ADAP IAP are less in aggregate as compared to ADAP purchases of full-pay medications (per HRSA HAB PCN 18-01).

Ryan White Part B Program funds awarded through this RFGA may not be used for insurance premium payments, unless prior written approval is received from the DHEC Ryan White Part B Program. Clients in need of Ryan White Part B insurance assistance should be enrolled in IAP for assistance with premiums, copayments and deductibles.

14. Use *Provide Enterprise (PE)* for tracking and reporting all Ryan White Part B Program funded services, as required for all required reporting. Must have a protocol for ensuring accuracy and timeliness of documentation into *PE* for services. Must adhere to all updates to *PE* made during the subaward project period.
15. Data collected for DHEC Ryan White Part B Program funded services and clients in *Provide Enterprise* will be shared between the Subrecipient and DHEC in accordance with the Data Sharing Agreement, which will be incorporated into and made a part of the Subrecipient Agreement. A draft Data Sharing Agreement is being developed and will be posted to the DHEC website [Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#) prior to the date by which potential applicants have to submit questions.
16. Have a grievance policy for the RW Part B Program. The grievance policy must be in writing and shared with RW Part B clients at the point of initial eligibility screening and annually thereafter. The policy must state that any grievance related to denial of services or a complaint about services received which is unresolved at the subrecipient level may be reported by the client to DHEC's STD/HIV/VH Division by calling 800-856-9954 between the hours of 8:30AM-5:00PM Monday through Friday, excluding holidays. Further, the policy must state that grievances filed with DHEC will remain confidential, unless the client specifically requests that DHEC follow-up with the provider and, there shall be no reprisal towards the client when grievances are made.
17. Agrees to conduct Programmatic Technical Assistance projects including group and provider-to-provider level training and development of statewide tools to Ryan White Part B providers in SC on an as-needed basis when pre-approved by DHEC. Programmatic Technical Assistance Project Work Plans must be pre-approved by DHEC prior to beginning work using the Work Plan template. Only pre-approved costs in the Work Plan will be reimbursed.
18. If awarded EC funds, EC funds must be used for providing RW eligible core and supportive services with the goals of increasing rates of persons living with HIV who are linked to medical care, retained in medical care, and achieve viral suppression evidenced as needs in the SC HIV Care Continuum.
19. If awarded MAI funds, MAI funds are awarded for the statewide prison discharge planning and/or local jail outreach programs increasing racial and ethnic minority populations' participation in ADAP and, as appropriate, other programs that provide prescription drug coverage. While awarded Ryan White Part B MAI funding must be specifically used for targeted outreach to racial and ethnic minority populations, the initiatives must be available to all RW Part B eligible PLWH. Funds from another source (e.g., Ryan White Part B Program, program income, or other organization funds) must be used in proportion to the non-minorities served through the initiative. Reports submitted to HRSA for MAI only include reporting of visits and services to minorities.
20. Subrecipient must develop a Continuity of Operations Plan which: identifies systems or processes that might be vulnerable in an emergency situation; and addresses hazards that pose the greatest risks to the organization, mission critical employees, and functions and resources that are necessary to deliver services to clients. Ensure the plan

includes a system is in place to protect records, assets, data, equipment, and facilities, including a plan for databackup and storage in secure locations.

21. To the extent practical, assist DHEC with HIV response efforts and outbreaks of other co-morbid conditions of public health significance if assistance is requested. Recipient organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities, may include, but are not limited to: tailoring other strategies and activities (e.g., rapid entry into care for PLWH in HIV cluster and outbreak regions, HIV testing efforts, PrEP awareness, referral to Partner Services to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; establishing a MOU with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals).

## **B. GRANT REQUIREMENTS**

Subrecipient shall:

1. Adhere to HRSA's HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards, and any revisions made during the Agreement project period, which can be found at:
  - <http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>,
  - <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>
  - <http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>
2. Adopt the SC Ryan White Part B Service Standards (**Attachment V**) and any revisions made during the subrecipient agreement project period for all Ryan White Part B services provided. Standards can and should be tailored to meet the specific, unique needs of the subrecipient, with DHEC approval. Service Standards function to ensure that all clients of the subrecipient are offered the same fundamental components of a given service and establish the minimum level of service of care that the RW Part B Program funded subrecipient offers.
3. Provide medical case management services as described in the Ryan White HIV/AIDS Program Services (**Attachment III**), including: 1) initial assessment of the service needs; 2) development of a comprehensive, individualized service plan; 3) coordination of the services required to implement the plan; 4) client monitoring to assess the efficacy of the plan; and 5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. Adhere to the South Carolina Part B Medical Case Management Standards and any revisions made during the grant period (**Attachment VI**), including the requirement for all Medical Case Managers to complete the Medical Case Management Educational Training series and pass the final examination within eighteen (18) months of their



employment start date. Adhere to the Medical Case Manager and Medical Case Manager Supervisor qualifications (**Attachment VII**) when hiring new staff.

4. Adhere to the current HHS Treatment Guidelines, which are available at [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov).
5. Adhere to adopted clinical, treatment, and HIV care related guidelines for monitoring of performance and quality metrics. Participate in quality initiatives adopted by DHEC for services funded by RW Part B Program funds or funds derived from the RW Part B Program. For example, assist DHEC, and other subrecipients as needed, with the transition to a statewide rapid continuum of care, which will allow for rapid access to care and treatment services.
6. Subrecipients providing Medicaid eligible services must be Medicaid certified.
7. If the subrecipient desires to enter into contractual agreements with other entities for the provision of services, the subrecipient must first gain written prior approval from DHEC's STD/HIV/Viral Hepatitis Division. The contractual agreement must include the scope of work and terms and conditions related to the services they will provide to include all requirements in the parent subrecipient agreement with DHEC. The subrecipient is responsible for providing oversight, monitoring, and Technical Assistance to ensure entities receiving Ryan White Part B Program funds comply with all HRSA and DHEC subrecipient agreement and reporting requirements as stated in this RFGA and the subrecipient agreement with DHEC. If approved, DHEC will establish the monitoring profile in the HRSA Electronic Handbook (EHB). All subrecipients are required to submit an annual RSR directly to HRSA from PE.
8. Retain all records with respect to all matters covered by this agreement in accordance with subrecipient agreement Terms and Conditions.
9. Allow HRSA and DHEC on-site for site visits and make records available upon request for financial, programmatic, quality management, and other topics, as required for monitoring purposes. Subrecipients must actively participate in all site visits or desk reviews, whether in-person or virtual and submit documentation of follow-up on all Corrective Actions, as indicated, until resolved.
10. Permit and cooperate with any State or Federal investigations undertaken regarding programs conducted under Ryan White Part B.
11. Provide, upon request by HRSA or DHEC, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
  - **FINANCIAL MANAGEMENT**: Financial records will be reviewed to ensure compliance with Generally Accepted Accounting Principles, as well as OMB and DHEC's accounting principles. The records should provide accurate, current, and complete disclosure of financial expenditures. They must identify the source and application of funds and must be supported by invoices and other supporting documentation required by DHEC. Requested expenditures should



align with the annual budget approved by DHEC. Invoices must be submitted using required invoice templates for each funding source. Out-of-state travel, equipment, and gift cards/vouchers must receive DHEC approval prior to purchase.

- **PROGRAM PROGRESS:** Review progress in providing Ryan White Part B Programs services and expending funds.
12. Program income shall be monitored by DHEC, retained by the subrecipient, and used to provide Ryan White HIV/AIDS Program (RWHAP) Part B services to eligible clients. Program income is gross income – earned by the subrecipient directly generated by the grant-supported activity or earned as a result of the RWHAP Part B award. Subrecipient must have systems in place to account for program income and ensure tracking and use of program income consistent with HRSA’s requirements. All program income generated as a result of awarded funds must be used for HRSA’s Ryan White HIV/AIDS Program Part B approved project-related activities. For additional information regarding HRSA’s program income requirements, reference the HAB Policy Notices: PCN 15-03 and the Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04 found at: <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>
  13. If the subrecipient organization utilizes the 340B covered entity status available as a Ryan White Part B Program provider, allow DHEC to review the financial documentation of revenues and expenditures to ensure that 340B revenues are generated and utilized in compliance with HRSA requirements.
  14. Responsible for all matters pertaining to applicable HIPAA, data security, and confidentiality, including references in the subrecipient agreement.\
  15. The Subrecipient must: (a) adhere to CDC's Data Security and Confidentiality Guidelines (*Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (Atlanta, GA: U.S. DHHS, CDC; 2011) (<http://www.cdc.gov/nchstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>) including any amendments; (b) submit annually a certification of compliance in the form attached (**Attachment XIV**) assuring compliance with the standards; and (c) ensure that staff members and contractors with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.

The Subrecipient must adhere to the Subrecipient Representation and Conduct: Code of Conduct working with DHEC as a subrecipient (See **Attachment IX**).

### **C. BUDGET FUNDING RELATED GRANT REQUIREMENTS**

Subrecipient shall:

1. Submit annually an Implementation Plan (IP) for each funding source of the DHEC Ryan White Part B Program at the beginning of each grant year for each funding source and/or project awarded. Each funding source (Base, EC, MAI, Supplemental, Rebate) must be reported separately on the IP using the Implementation Plan Workbook. The IP templates can be found in **Attachment VIII**.
2. Submit annually at the beginning of each grant year a Budget Narrative and Cost Allocation Plan (BNCAP), including planned expenditure details on personnel (including each funded staff by title, name, salary and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within the state and GSA allowed rates), contractual, other, and administration (admin expenditures must be itemized) by Ryan White service category. The budget should include clear descriptions of the use of the funds. The BNCAP Template can be found in **Attachment VIII**.
3. If throughout the course of a grant year a budget revision is necessary and exceeds twenty-five percent (25%) of the amount allocated for a budget line item, either operating or RW service category, the subrecipient must make a written request to DHEC for approval of the revision. The budget revision will not be authorized until the subrecipient receives written approval from DHEC. Budget revision templates can be found in **Attachment VIII**.
4. Limit administrative charges to the grant to ten percent (10%) of expenditures. Administrative costs are costs associated with the administration of the RW Part B program. Staff activities that are administrative in nature should be allocated to administrative costs. Subrecipient administrative activities include:
  - a. Usual and recognized overhead activities, including established indirect rates for agencies;
  - b. Management oversight of the subrecipient Ryan White Part B program;
  - c. Other types of program support such as quality assurance, quality control, and related activities (exclusive of RW HIV Program Clinical Quality Management)

For further guidance on the treatment of costs under the ten percent administrative limit refer to HRSA HAB PCN 15-01 [Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D \(hrsa.gov\)](https://www.hrsa.gov/hab/pcn/15-01-treatment-of-costs-under-the-10-percent-administrative-limit).

5. Limit Clinical Quality Management (CQM) charges to the grant to five percent (5%) of expenditures. CQM costs are those required to maintain a CQM program to assess the extent to which services are consistent with the current HHS guidelines for the treatment of HIV and to develop strategies to improve access to and quality of services.
6. Spend at least seventy-five (75%) percent of each award on core services after subtracting administrative costs. A maximum of twenty-five (25%) percent of each of the

Subrecipient's grant award (after subtracting administrative costs) may be spent on supportive services. MAI funds are not held to this 75% rule.

7. While this list is not inclusive of all unallowable costs, Ryan White Part B Program funds may not be used for the following:
  - International Travel
  - Construction
  - Purchase or improve land
  - Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP)
  - Syringe Services Programs
  - Cash payment to intended recipient/client of RW services
  - Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis, except for a program administered by or providing the services of the Indian Health Service)
  - Development of materials designed to promote or encourage, directly, intravenous drug use of sexual activity
  - Funeral or burial expenses
  - Support for operating clinical trials
  - Support for criminal defense or for class action suits unrelated to access to services eligible for funding under the Ryan White legislation
  - Direct maintenance or any other expenses of a privately-owned vehicle
  - State and local taxes for personal property
  - Pet foods
  - Social/recreational activities if not provided on subrecipient premises
  - Marketing and promotion to general audiences
  - Broad-scope awareness activities about HIV services that target the general public
  - Vehicles (purchase or lease without HRSA and DHEC's Prior Approval)
  - Start-up costs
8. Continually monitor the third-party reimbursement process and collect reimbursement. Charges that are billable to third party payers are unallowable for reimbursement with Ryan White Part B Program funds, as Ryan White is the payer of last resort.
9. An organizational chart including all Ryan White Part B Program funded staff must be submitted annually. Position Descriptions are required to be submitted annually for all staff whose positions will be fully or partially supported with Ryan White Part B Program funding. Submitted position descriptions must include the following information: subrecipient name, employee name, position title, position description/job duties, annual salary, and projected % of time spent for each job duty (totaling 100%).

10. Subrecipient must maintain an activity/time log to document time and effort of individual staff funded with Ryan White Part B Program funds demonstrating fiscal stewardship of Ryan White Part B funds. The activity/time log must include the number of hours spent working on each grant and a brief description of the task performed for salaries charged to the grants.
11. Subrecipient must have financial mechanisms in place to monthly track program income, including client direct payment, reimbursement from Medicaid, Medicare, third party insurance, and 340B Income, and expenditures of program income. Program income should be retained by the subrecipient for “additive” use within their programs furthering the Ryan White Part B program and can only be used in accordance with HRSA’s Ryan White HIV/AIDS Program Part B requirements. Program income must be accounted for and utilized in the year in which it is received. For additional information regarding HRSA’s program income requirements, reference the HAB Policy Notices: PCN 15-03 and the Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04 found at: <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>
12. Must have and maintain financial mechanisms for monthly adequate and accurate reporting, reconciliation and tracking of program expenditures for each awarded funding source and program income. Each Ryan White Part B awarded funding source (i.e., Base, EC, MAI, Supplemental, Rebate) and program income must be budgeted, tracked, and reported separately. Reimbursement requests must also be by funding source. Mechanisms must be in place for accurately tracking clients and expenditures and ensuring no duplication of payment for services.
13. Monthly submission for reimbursement of expenditures must be submitted on the 15<sup>th</sup> of the following month using the required invoice templates (**Attachment VIII**). Reimbursement requests must be sent to the assigned [RWBHOPWAINVOICES@dhec.sc.gov](mailto:RWBHOPWAINVOICES@dhec.sc.gov) email address. Reimbursement requests must include the required supporting documentation in accordance with DHEC’s Federal Grants Compliance Requirements for Subrecipients. For each funding year, timesheet information is required with submission of the first and last invoice. Timesheet information should be included for all positions supported on the grant and account for Ryan White funding and all other source of funds.
14. All out-of-state travel requests must be preapproved by DHEC Ryan White Part B Program prior to initiation of travel plans.
15. All gift cards and vouchers must be preapproved by DHEC Ryan White Part B Program and Office of Federal Grants Compliance prior to purchase using the template: [Gift Card Voucher Prior Approval Template-12102020.pdf \(scdhec.gov\)](#).
16. Equipment purchases must be preapproved by DHEC Ryan White Part B Program prior to purchase and follow SC Procurement Guidelines for Subrecipients: [Procurement-Guidelines-for-Subrecipients-032020.pdf \(scdhec.gov\)](#).

#### **D. GRANT MEETING REQUIREMENTS**

Subrecipient shall attend the following:

1. **RYAN WHITE PART B GY2022 ORIENTATION:** The subrecipient will assign representatives to attend the GY2022 Ryan White Part B Orientation. One (1) representative must be a Program staff and one (1) must be from the Business Office.
2. **PEER REVIEW:** The subrecipient will assign one (1) representative at the Director level to serve on the Peer Review Committee. Meetings are held virtually or face-to-face four (4) times per year on the second Thursday of the months of March, June, September, and December. Meetings are organized and led by the elected Peer Review Co-Chairs. Agendas, minutes, and attendance are shared with DHEC.
3. **DIRECTOR MONTHLY CALLS:** The subrecipient will assign the same one (1) representative from the Director level to attend the Director Monthly Calls. Calls are scheduled on the second Thursday of each month when Peer Review is not meeting.
4. **CLINICAL QUALITY MANAGEMENT STEERING COMMITTEE MEETINGS:** The subrecipient will assign at least one (1) representative to serve on the Statewide Ryan White QM Steering Committee. The Quality Management Steering Committee meets quarterly.
5. **MEDICAL CASE MANAGEMENT WORKGROUP:** The subrecipient will assign one (1) representative to serve on the Medical Case Management Workgroup. Meetings are held every other month on the fourth Thursday of the month.
6. **OUTREACH WORKFORCE COMMITTEE:** If the subrecipient uses Ryan White Part B Program awarded funds or funds earned through the Ryan White Part B Program for providing Outreach services, the subrecipient will assign at least one (1) representative to serve on the Outreach Workforce Committee. All MAI funded staff are also required to attend the Outreach Workforce Committee Meetings. All NHAS funded staff (Outreach Specialists, Specialized Medical Case Managers (SMCM) and Peer Adherence Coaches) are required to attend Outreach Meetings. Meetings are scheduled every other month on the third Thursday of each month unless otherwise noted. A 2-Day Outreach Program In-Service is held twice per year minimally and is required for newly hired NHAS funded Outreach Program Staff and Outreach Program Supervisors. All NHAS Funded Staff (Outreach Specialist, SMCMs, and Peers) are required to attend Outreach Monthly, Bi-Monthly or Quarterly Calls.
7. **PERIODIC STATEWIDE MEETINGS:** The subrecipient will send at least one (1) representative to each statewide meeting convened by DHEC, not to exceed four (4) per year. Examples may include, but are not limited to, Ryan White All Parts Meetings.
8. **STATEWIDE COORDINATED STATEMENT OF NEED AND INTEGRATED HIV CARE AND PREVENTION PLAN MEETINGS:** The subrecipient will send at least one (1) representative to each meeting convened by DHEC and the HIV Planning Council (HPC) for preparing and evaluating, SC's Integrated HIV Care and Prevention Plan, including the SCSN.

9. **PROGRAM SPECIFIC TECHNICAL ASSISTANCE (TA):** Subrecipients throughout the year may be required to participate in DHEC required Technical Assistance meetings, calls, and webinars. Examples may include, but are not limited to: Site Visit Preparation, RSR Technical Assistance, ADAP TA calls and other calls for the dissemination of Technical Assistance to meet program deliverables.

All meetings are subject to change and may be canceled with advance notice from DHEC.

## **E. GRANT REPORTING REQUIREMENTS**

The Subrecipient will provide programmatic, demographic, and financial reports as requested by the STD/HIV/Viral Hepatitis Division. An annual Reporting Calendar with specified reports, submission dates, and instructions; along with all required report templates are posted to the website: [Ryan White Part B Technical Assistance | SCDHEC](#).

Reporting requirements, which are subject to change during the Agreement project period, include:

### **1. QUARTERLY REPORTS**

- **Expenditure Report:** An expenditure report for each Ryan White Part B Program funding source and/or project which identifies the amount of funds received and the amount expended both by operating category and Ryan White service category.
- **Programmatic Narrative Report:** A narrative description of the progress in meeting local HIV service goals and objectives, including efforts to address the continuum of health and support services and a summary of issues and/or problems, which may have impeded implementation, and the strategies used to address them. A narrative description is required for each funding source and/or project.
- **RSR Client Summary Report or Ryan White Part B Program Services Report:** Summary of client demographics and the number of clients and service visits/units by Ryan White service category.
- **Plan Do Study Act (PDSA) Report:** Clinical Quality Management Tool describing PDSA projects, progress, and outcomes.

### **2. ANNUAL REPORTS**

- **Expenditure Report (Grant Year End):** An expenditure report for each Ryan White Part B Program funding source and/or project which identifies the amount of funds received and the amount expended both by operating category and Ryan White service category.
- **Programmatic Narrative Report (Grant Year End):** A narrative description of the progress in meeting local HIV service goals and objectives, including efforts to address the continuum of health and support services, and a summary of issues and/or problems, which may have impeded implementation and the strategies, used to address them. Required for each funding source and/or projects.
- **Ryan White Services Report (RSR):** If Subrecipient receives Part B funding, Subrecipient will submit reports on all clients who received at least one (1) service

during the reporting period that is eligible for Ryan White Part B funding. These reports must include unduplicated counts of clients. The reporting period will be January 1-December 31. If the Subrecipient subcontracts any of the work, the Subrecipient is responsible for ensuring the subcontractor submits an RSR.

If Subrecipient receives Part B funds, Subrecipient will provide other information required for the RSR including, but not limited to, RSR Summary Report; a contact person for each provider; the name, address, phone and fax number for each organization; the minority composition of the board and/or staff of each organization as well as other information, as required for the RSR submission.

- Implementation Plan Reports (Year End): A report reflecting the total number of clients and the total number of service units by RW service category for each funding source. Also includes expenditures for each Ryan White service category. Goals and objectives will be submitted annually on the Implementation Plan and reported annually comparing the annual plan with the actual total number of clients and the total number of service units by RW service category.
- Women, Infant, Children, Youth (WICY) Report (Year End): Report of the number of Women, Infants, Children, and Youth served in the period of performance.
- Program Income Report (Year End): Report, with supporting documentation, at the end of each period of performance demonstrating the total program income earned and the total Ryan White eligible expenditures of that earned program income.
- Quality Management Data Report: Submission of data on the SC Quality Management Program's performance measures via the Clinical Report Card, or other quality report, as allowable by DHEC.
- RSR Client Summary Report or Ryan White Part B Program Services Report: Summary of client demographics and the number of clients and service visits/units by Ryan White service category.
- Needs Assessment Report: A summary report of the annual client Needs Assessment.

### 3. ADDITIONAL DOCUMENTATION AND REPORTING REQUIREMENTS

In addition to the specific reports above, in order to comply with the DHEC contracting requirements and/or the Ryan White legislation, the Subrecipient must be able to document and report to DHEC information about the:

- Information required for establishing contracts and payments with DHEC annually, including, but not limited to: W-9, vendor number, DUNS number, address, and contact information.
- Subrecipient key staff contacts and contact information.
- Other reports as indicated in the Ryan White Reporting Schedule posted to the DHC website annually;
- Type, amount, and costs of programs and services funded through the Subrecipient;

- Number and demographic characteristics of individuals and families served by the Subrecipient; and
- Data elements collected for RSR and Quality Management Program, which will include but are not limited to: CD4 counts, viral load test results, TB skin testing, immunization information, and pap tests.

#### 4. ADAP PROGRAM

DHEC is required under the Ryan White Part B Program grant to report unduplicated client services to the HRSA. In accordance with this grant requirement and for purposes of the ADAP Program's performance of treatment, payment, and health care operations pursuant to the Health Insurance Portability Act of 1995 (HIPAA) the Subrecipient will be required to release to the ADAP Program the following information upon request:

- Electronic information entered into the *Provide Enterprise* System. The information requested will include the Patient's Client Profile, Drug (if entered) and Vital Sign Information (if entered) and will not include detailed information such as visit history and progress logs.
- Timely release of this information to the ADAP Program is essential for purposes of grant compliance.

#### F. GRANT ACCOUNTABILITY MEASURES

Subrecipient shall:

1. Communicate to the DHEC Ryan White Part B Program of all location changes and key program contact changes, including email communication list serve contacts, as changes are made or at least on a quarterly basis.
2. Review and respond to Quarterly Compliance Reports.
3. Subrecipients must serve no less than ninety-five percent (95%) of the total number of clients served in the previous calendar year based on the annual Ryan White Services Report. A decrease greater than five percent (5%) in clients served may result in corrective actions and may result in a reduction in funding or termination of the subrecipient agreement unless there is statistical evidence of a decrease in need for the service area or additional services providers added to the service area.
4. Subrecipients falling below twenty percent (20%) of the state benchmark for any of the established Quality Management Performance Measures will be required to implement improvement strategies and report progress to DHEC. The improvement strategies must include agreed upon (between DHEC and subrecipient) improvement targets with established time frames. Non-compliance with the improvement strategy or continued performance below twenty percent (20%) of the state benchmark may result in a reduction in funding or termination of the subrecipient agreement.
5. Subrecipients lapsing 10% or more of their funding in a period of performance, without consultation and approval from DHEC as to why the decreased need for available



- funding in the service area, may receive a reduced award in the following period of performance DHEC.
6. In a period of performance, subrecipients must use funds within ten percentage (+/-10%) points of the ratio of the population of racial minority groups with HIV infection of the geographic service area to the general population in the geographic area of individuals with HIV infection. DHEC's satisfactory review the annual RSR Client Summary Report or Ryan White Part B Program Services Report will satisfy this report.
    - For example, in the service area if the proportion of African-Americans with HIV infection to the total number of persons with HIV infection is **seventy-four** percent (74%), then the subrecipient must expend **at least sixty-four** percent (64%) of its annual funding to providing services to African Americans.
  7. Subrecipients must use no lesser than the percentage of funds in a fiscal year constituted by the ratio of the population of the geographic service area of infants, children, youth and women with HIV infection to the general population in the geographic area of individuals with HIV infection. DHEC's satisfactory review of the WICY Report will satisfy this requirement.
    - For example, in the service area if the proportion of infants, children, youth and women with HIV infection to the total number of persons with HIV infection is twenty-four percent (24%), then the subrecipient must expend no less than twenty-four percent (24%) of its annual funding to providing services to infants, children, youth and women. MEASURE – Actual proportion of infants, children, youth and women with HIV infection served per year versus the number of infants, children, youth and women with HIV infection in the geographic area.
  8. Non-compliance with subrecipient agreement requirements may result in Corrective Actions, Probation, and/or Termination of the subrecipient agreement or in funding reductions.

. **SOURCE OF FUNDING and AMOUNT**

***Source of Funds 1 (SOF1) : Ryan White Care Act Title II***

**a. RYAN WHITE PART B FEDERAL BASE FUNDS:**

\$XXX for the time period of April 1, 2022 through March 31, 2023; and approximately \$XXX for each year thereafter contingent upon final grant award for each year.

**b. RYAN WHITE PART B FEDERAL EMERGING COMUNITIES FUNDS**

\$XXX for the time period of April 1, 2022 through March 31, 2023; and approximately \$XXX for each year thereafter contingent upon final grant award for each year.

**c. RYAN WHITE PART B MINORITY AIDS INITIATIVE FUNDS**

\$XXX for the time period of April 1, 2022 through March 31, 2023; and approximately \$XXX for each year thereafter contingent upon final grant award for each year.

***Source of Funds (SOF2): Rebates generated through the Ryan White Part B SC ADAP:***

**d. RYAN WHITE PART B REBATE FUNDS:**

\$XXX for the time period of April 1, 2022 through March 31, 2023; and approximately \$XXX for each year thereafter contingent upon final grant award for each year.

**e. PROGRAMMAITIC TECHNICAL ASSISTANCE REBATE FUNDS:**

\$10,000 (at a rate not to exceed \$65 per hour) for the time period of April 1, 2022 through March 31, 2023; and approximately \$10,000 for each year thereafter contingent upon funding availability.

***Attachment X:*** SOF1 thru SOF2 contains the federal award identification information as required by 2 CFR §200.331(a)(1) and is incorporated into this Agreement.

Unless otherwise negotiated with DHEC, the total amount to be paid under this subaward for services rendered under Section A will not exceed \$XXX, dependent upon federal funding availability.

Annual funding awards are contingent upon funding availability. Awards are subject to change annually.

No carryforward of funds will be allowed between years.

**PROJECT PERIOD**

The project period for SOF1 ***Ryan White Care Act Title II*** begins on April 1, 2022 and ends on March 31, 2025.

The project period for SOF2 ***Rebates generated through the Ryan White Part B SC ADAP*** begins on April 1, 2022 and ends on March 31, 2025.

**PERIOD OF PERFORMANCE**

This Agreement shall become effective on April 1, 2022 and ends on March 31, 2025.

This Agreement is renewable for two (2) additional one-year periods. At the end of the initial term, and at the end of each renewal term, this Agreement shall automatically renew for a period of one year, unless Subrecipient receives notice that the state elects not to renew the Agreement at least thirty (30) days prior to the date of renewal. Regardless, this Agreement expires no later than the last date of the maximum subaward period which is **March 31, 2025**. Only work done in accordance with the effective dates of the Agreement will be compensated.

**COMPENSATION**

**Budget:** Compensation will only be made for allowable costs consistent with the approved budget incorporated into this Agreement.

**Equipment:** Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or

exceeds the \$5,000 capitalization level. DHEC retains title to all equipment purchased under this Agreement. Equipment title will be transferred to the Subrecipient upon the end of the successful completion of the Agreement for use in continued support of the effort of the work as outlined in the Agreement.

**Indirect Cost:** If Subrecipient utilizes an approved federally negotiated indirect cost rate, Subrecipient must provide a copy of the approved indirect cost rate letter from its federal cognizant agency. If Subrecipient has never received and does not have a current negotiated indirect cost rate, Subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as the Subrecipient chooses to negotiate/re-negotiate a rate, which the non-Federal entity may do at any time. If chosen, the Subrecipient must submit the breakdown of the MTDC to DHEC. HRSA Ryan White B restricts administrative costs, which include indirect costs, to 10% of expenditures.

**Prior Approvals:** Subrecipient must obtain prior approval before obligating or expending subaward funds for equipment, permanent improvements or any purchase above the simplified acquisition threshold. The simplified acquisition threshold is adjusted periodically for inflation. The current amount is \$150,000. Please refer to the applicable Federal Acquisition Regulations (FAR) found at <https://www.acquisition.gov/sites/default/files/current/far/pdf/FAR.pdf>.

No revisions over 25% per line item (either operating or service category line item) to the approved budget may be made without prior written approval from DHEC.

Subrecipient shall not subcontract any of the work or services covered by this Agreement without DHEC's prior written approval.

Subrecipient must obtain approval prior for the sale or replacement of any equipment purchased under this Agreement.

Out-of-state travel may be eligible for reimbursement only if approved in advance in writing.

Gift cards/Incentives are eligible for reimbursement only if approved in advance in writing.

**Prohibited Items:** No subaward funds may be used for the purchase of real property.

No subaward funds may be used for:

- International Travel
- Construction
- Purchase of improve land
- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP)
- Syringe Services Programs
- Cash payment to intended recipient/client of RW services
- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis,

except for a program administered by or providing the services of the Indian Health Service)

- Development of materials designed to promote or encourage, directly, intravenous drug use of sexual activity
- Funeral or burial expenses
- Support for operating clinical trials
- Support for criminal defense or for class action suits unrelated to access to services eligible for funding under the Ryan White legislation
- Direct maintenance or any other expenses of a privately-owned vehicle
- State and local taxes for personal property
- Pet foods
- Social/recreational activities if not provided on subrecipient premises
- Marketing and promotion to general audiences
- Broad-scope awareness activities about HIV services that target the general public
- Vehicles (purchase or lease without HRSA and DHEC's Prior Approval)
- Start-up costs

**Travel:** Reimbursement of Subrecipient's travel expenses, including mileage and subsistence (meals), incurred in connection with the services under this Agreement will be limited to the standard rates for State employee travel in effect during the period of this Agreement and will be included within the maximum amount of the subaward. The standard rates for mileage and subsistence can be found at <https://cg.sc.gov/guidance-and-forms-state-agencies/travel-forms-and-mileage-rate>. All rates are subject to the Office of the Comptroller General's policies and procedures in effect for the calendar year and are subject to change.

Reimbursement for room and board will be at the established federal General Services Administration (GSA) rate or below for the area of travel. The standard GSA rates for hotels can be found at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. All rates are updated and published each federal fiscal year and are subject to seasonal fluctuations. GSA rates must be verified prior to making each reservation. Please refer to the attachment "DHEC OVERVIEW OF STATE OF SC TRAVEL REIMBURSEMENT POLICIES FOR VENDORS AND SUBRECIPIENTS" for details on travel reimbursement policies (*Attachment XI*).

Subrecipient must submit itemized lodging receipts showing a zero balance when seeking reimbursement. Out-of-state travel may be eligible for reimbursement only if approved in advance in writing. The request for approval must include a breakdown of all proposed travel expenses including, but not limited to, airfare, registration, and lodging and an explanation of how the travel is related to the activities described in the Scope of Services.

DHEC can provide a letter to Subrecipient stating that Subrecipient is performing work on behalf of DHEC under Subaward No. **subaward number** and that Subrecipient is eligible and authorized to receive government rates or discounts as provided to State employees. However, this letter does not guarantee that the hotel/motel will honor the government rate.

**NO INTEREST OR LATE FEES** - No interest or late payment charges will be paid except as provided by S.C. Code Section 11-34-45, which provides Contractor's exclusive means of recovering any type of interest from DHEC. Contractor waives imposition of an interest penalty unless the invoice submitted specifies that the late penalty is applicable. DHEC shall not otherwise be liable for the payment of interest on any debt or claim arising out of or related to this Contract for any reason.

**Method of Payment:** Subrecipient shall submit a monthly request for payment (invoice) for services rendered as outlined in the Scope of Services and approved budget. Reimbursement will be for actual allowable costs incurred and must be consistent with the approved budget incorporated into this Agreement. Only expenditures obligated during the Agreement period of performance can be submitted for reimbursement. The invoice should be received by DHEC within fifteen (15) days after the end of each month. Please refer to the attachment "SUBAWARD INVOICES AND SUPPORTING DOCUMENTATION" (*Attachment XII*) for details on invoice submission and supporting documentation.

Email requests for payment must be sent to [RWHOPWainvoices@dhec.sc.gov](mailto:RWHOPWainvoices@dhec.sc.gov) as assigned by DHEC. Required invoice templates can be found in (*Attachment VIII*).

#### **ACCESS TO RECORDS**

Subrecipient must permit DHEC and auditors to have access to Subrecipient's records and financial statements in order to meet the requirements of the Agreement. Subrecipient must allow DHEC and auditors to attend activities and events paid for or sponsored from this Agreement. Subrecipient must allow DHEC to inspect or monitor in person, activities performed in accordance with the scope of services and paid for or sponsored from this Agreement.

#### **CLOSEOUT OF SUBAWARD**

Subrecipient is responsible for implementing the necessary administrative actions to close-out the subaward. Administrative actions may include but are not limited to:

- liquidate all obligations
- expenditure adjustments +/-
- refunding unobligated cash balances
- financial reporting
- program performance reporting
- accounting for real and personal property if applicable
- patent and invention certifications if applicable
- records retention
- perform audits

#### **SUBRECIPIENT AUDIT REQUIREMENTS**

Subrecipients, except for-profit entities, must submit a certification of total federal grant expenditures upon request from DHEC. If Subrecipient expends \$750,000 or more in federal awards from all sources during the fiscal year, Subrecipient must have a single or program-specific audit conducted for that fiscal year, in accordance with the provisions of 2 CFR Part 200, Subpart F. Subrecipient is responsible initiating the process to implement the audit.

Entities which are audited as part of the State of South Carolina Statewide Single Audit are required to furnish the auditor's report on findings and Subrecipient's corrective action plan. Subrecipient shall complete and submit the audit within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. Subrecipient agrees to send one copy of any audit conducted under the provisions of 2 CFR Part 200, Subpart F, to:

SC Department of Health and Environmental Control  
Grant Compliance Division  
Bureau of Financial Management  
2600 Bull Street  
Columbia, SC 29201

Or, Email to: [GrantsMgt@dhec.sc.gov](mailto:GrantsMgt@dhec.sc.gov)

Non-federal entities that expend less than \$750,000 a year in total federal awards, from all sources, are exempt from the Federal audit requirements of 2 CFR Part 200, Subpart F for that year, but records must be available for review or audit by appropriate officials of the federal agency, pass-through entity, and General Accounting Office (GAO).

Subrecipient is prohibited from charging the cost of an audit to federal awards if Subrecipient expended less than \$750,000 from all sources of federal funding in Subrecipient's fiscal year. If Subrecipient expends less than \$750,000 in federal funding from all sources in Subrecipient's fiscal year, but obtains an audit paid for by non-federal funding, then DHEC requests a copy of that audit to be sent to:

SC Department of Health and Environmental Control  
Grant Compliance Division  
Bureau of Financial Management  
2600 Bull Street  
Columbia, SC 29201

Or, Email to: [GrantsMgt@dhec.sc.gov](mailto:GrantsMgt@dhec.sc.gov)

For-Profit Subrecipients are exempt from the audit requirements set forth in 2 CFR §200.501 Audit Requirements. In all such cases DHEC requires submission of an audited financial statement. DHEC reserves the right to request pre-award audits and post-award audits in addition to monitoring during the agreement.

In all cases Subrecipient is required to promptly address audit findings through a corrective action plan. Failure to follow up or make corrective action can lead to a delay in payments, disallowed costs, suspension of the Agreement, prohibition from future awards.

### **TERMS AND CONDITIONS**

Subrecipient is responsible for the efficient and effective administration of the federal subaward through the application of sound management practices. Subrecipient is responsible for administering federal funds in a manner consistent with the underlying agreements, program

objectives, and the terms and conditions of the federal award. Subrecipient is responsible for understanding and maintaining compliance with the 2 CFR 200 “Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.”

## **REPORTING REQUIREMENTS:**

### Annual Risk Assessment Survey

On an annual basis, Subrecipient will be required to complete and return a risk assessment survey.

### Audit Verification

On an annual basis, Subrecipient will be required to complete and return a statement verifying Subrecipient’s status as to the single audit requirement.

### Audit Results

If a single audit, program specific audit, or agreed upon procedures engagement is conducted, Subrecipient will be required to submit the full text of the Schedule of Findings and Questioned Costs or the Auditors Report with the Corrective Action Plan.

### Cost Allocation

If Subrecipient manages multiple funding sources, Subrecipient’s cost allocation plan must be submitted upon request. Sufficient detail must be provided to address the different categories of expenditure in the approved budget.

### FFATA

Funding for this Agreement may be subject to the Federal Funding Accountability and Transparency Act (FFATA).

If the annual value of this subaward is equal to or greater than \$25,000 at any time during this Agreement period of performance, Subrecipient is required to complete and return the attached Subaward FFATA checklist. The completed FFATA checklist (if applicable) must be returned to prior to submitting the first invoice for payment. (*Attachment XIII*)

If Subrecipient is required to complete the FFATA checklist, DO NOT enter this information into the Federal Reporting database. DHEC maintains that responsibility.

### **SAM (System for Award Management)**

On an annual basis, Subrecipient is required to maintain an active registration in SAM. Failure to comply may result in a suspension of payments and possibly a termination of the Agreement.

## **MINORITY BUSINESS**

Subrecipient must make positive efforts to use small and minority owned businesses and individuals.

**SUBCONTRACTORS** Subrecipient shall not subcontract any of the work or services covered by this Subaward without DHEC’s prior written approval.

**ASSIGNMENT** Subrecipient cannot assign nor transfer the Subaward or any of its provisions without DHEC's written consent. Any attempted assignment or transfer not in compliance with this provision is null and void. A change in ownership of Subrecipient is considered an assignment.

#### **AMENDMENTS**

This Agreement may only be amended by written agreement of all parties, which must be executed in the same manner as the Agreement.

#### **RECORD KEEPING, AUDITS, & INSPECTIONS**

Subrecipient shall create and maintain adequate records to document all matters covered by this Subaward. Subrecipient shall retain all such records for six (6) years or other longer period required by law after termination, cancellation, or expiration of the Subaward period and make records available for inspection and copying and audit at any time DHEC deems necessary. If any litigation, claim, or audit has begun but is not completed or if audit findings have not been resolved at the end of the three year or other the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken. The Subrecipient shall allow DHEC to inspect facilities and locations where activities under this Agreement are to be performed on reasonable notice. Unjustified failure to produce any records or materials required under this Agreement may result in immediate termination of this Agreement with no further obligation on the part of DHEC.

Subrecipient must dispose of records containing DHEC confidential information in a secure manner such as shredding or incineration once the required retention period has ended. Confidential information means information known or maintained in any form, whether recorded or not, consisting of protected health information, other health information, personal information, personal identifying information, confidential business information, and any other information required by law to be treated as confidential, designated as confidential by DHEC, or known or believed by Subrecipient or Subrecipient's employee or agent to be claimed as confidential or entitled to confidential treatment.

Subrecipient is responsible for the creation and maintenance of its own records in accordance with professional standards and for compliance with HIPAA, the South Carolina Physicians' Patient Records Act, and other laws. DHEC assumes no responsibility for the creation, maintenance, completeness, or accuracy of Subrecipient's records, or for compliance of any person or entity other than DHEC with HIPAA, the South Carolina Physicians' Patient Records Act, or other laws.

#### **TERMINATION**

Either party may terminate this Agreement by providing thirty (30) days written notice of termination to the other party.

DHEC funds for this Agreement are payable from federal sources. If funds are not granted or otherwise available to DHEC to pay the charges or fund activities under this Agreement, it shall terminate upon written notice to Subrecipient without any further obligation by DHEC, except the obligation to pay for allowable expenses already incurred. Unavailability of funds will be



determined in DHEC's sole discretion. DHEC has no duty to reallocate funds from other programs or funds not granted specifically for the purposes of this Agreement.

DHEC may terminate this Agreement for cause, default, or negligence on Subrecipient's part at any time without thirty days advance written notice. Failure to comply with the terms and conditions of this Agreement may result in a delay in payment, request for additional documentation, audit, termination of the Agreement and prohibition of receiving additional awards from DHEC. DHEC may, at its option, allow Subrecipient a reasonable time to cure the default before termination.

### **NON-DISCRIMINATION**

No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this Agreement on the grounds of race, religion, color, sex, age, national origin, disability, gender identity, sexual orientation, or any other basis prohibited by law. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.

### **INSURANCE**

During the term of this Agreement, Subrecipient will purchase and maintain from a company or companies lawfully authorized to do business in South Carolina, such insurance as will protect Subrecipient from the types of claims which may arise out of or result from Subrecipient's activities under the Agreement and for which Subrecipient may be legally liable. The insurance required by this provision must be in a sufficient and reasonable amount of coverage and include, at a minimum, professional liability and/or malpractice insurance covering any professional services to be performed under the Agreement, and general liability insurance. If coverage is claims-based, Subrecipient must maintain in force and effect any "claims made" coverage for a minimum of two years after the completion of all work or services to be provided under the Agreement. Subrecipient may be required to name DHEC on its insurance policies as an additional insured and to provide DHEC with satisfactory evidence of coverage. If Subrecipient is a South Carolina governmental body, it may satisfy this requirement by maintaining insurance through the S.C. Insurance Reserve Fund as provided by South Carolina law. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its own employees.

### **DRUG FREE WORKPLACE**

By signing this Agreement, Subrecipient certifies that it will comply with all applicable provisions of The Drug-free Workplace Act, S. C. Code of Laws, Section 44-107-10 et seq., as amended.

### **STANDARD OF CARE**

Subrecipient will perform all services under this Agreement in a good and workmanlike manner and with at least the ordinary care and skill customary in the profession or trade. To the extent Subrecipient will be providing health services, Subrecipient agrees to perform all health services in accordance with the applicable standard of care, exercising that degree of knowledge, care, and skill ordinarily possessed by members of the profession in good standing. Subrecipient and Subrecipient's employees will comply with all professional rules of conduct applicable to the provision of services under the Agreement.

## **NON-INDEMNIFICATION; LIMITATION ON TORT LIABILITY**

Any term or condition of this Agreement or any related agreements is void to the extent it: (1) requires DHEC to indemnify, hold harmless, defend, or pay attorney's fees to anyone for any reason; or (2) would have the purpose or effect of increasing or expanding any liability of the State or its agencies or employees for any act, error, or omission subject to the South Carolina Tort Claims Act, whether characterized as tort, contract, equitable indemnification, or any other theory or claim.

## **RELATIONSHIP OF THE PARTIES**

Neither party is an employee, agent, partner, or joint venturer of the other. Neither party has the right or authority to control or direct the activities of the other or of the other's employees, or the right or authority to bind the other to any agreement with a third party or to incur any obligation or liability on behalf of the other party, unless expressly authorized in this Subaward. Neither party assumes any liability for any claims, demands, expenses, liabilities, or losses that may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services under this Subaward. Subrecipient's employees are not and shall not be considered DHEC employees

## **CHOICE OF LAW**

The Agreement, any dispute, claim, or controversy relating to the Agreement and all the rights and obligations of the Parties shall, in all respects, be interpreted, construed, enforced and governed by and under the laws of the State of South Carolina, except its choice of law rules.

## **DISPUTES**

All disputes, claims, or controversies relating to the Subaward and subject to the South Carolina Procurement Code, S.C. Code § 11-35-10 *et seq.*, shall be resolved in accordance with Article 17 of the Procurement Code, §§ 11-35-4210 through -4430. Other claims must be brought in the South Carolina Court of Common Pleas for Richland County or in the United States District Court for the District of South Carolina, Columbia Division. By signing this Subaward, Subrecipient consents to jurisdiction in South Carolina and to venue pursuant to this Subaward. Subrecipient agrees that any act by DHEC regarding the Subaward is not a waiver of either sovereign immunity or immunity under the Eleventh Amendment of the United States Constitution, and is not a consent to the jurisdiction of any court or agency of any other state.

## **DEBARMENT**

Subrecipient certifies that it has not been debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any state, federal or local agency. This certification is a material representation of fact upon which reliance was placed when entering into this Agreement. If it is later determined that Subrecipient knowingly or in bad faith rendered an erroneous certification, DHEC may terminate the Agreement for cause in addition to other remedies available.

## **SERVICE OF PROCESS**

Subrecipient consents to service of process by certified mail (return receipt requested) to the address provided as Subrecipient's Notice Address herein, or by personal service or by any other

manner that is permitted by law, in or outside South Carolina. Notice by certified mail is deemed effective when received.

## **NOTICE**

All notices under this Subaward may be given by personal delivery, fax or email (with confirmed receipt), or express, registered, or certified mail, FedEx or other common express delivery service, return receipt requested, postage prepaid, and addressed as indicated below (or to such other persons, addresses and fax numbers as a party may designate by notice to the other parties). Notice shall be effective when received or, if delivery by mail or other delivery service is refused, then upon deposit in the mail or other delivery service.

### **SUBRECIPIENT:**

Name

Address

Telephone

Fax

Email

### **DHEC PROGRAM:**

Leigh Oden, Program Manager

SC DHEC – STD/HIV Division

Box 101106

Columbia, SC 29211

Telephone: (803) 898 - 0650

Fax: (803) 898 - 7683

Email: odenl@@dhec.sc.gov

If any individual named above is no longer employed by the party in the same position at the time notice is to be given, and the party has failed to designate another person to be notified, then notice may be given to the named person's successor, if known, at the same address.

## **COMPLIANCE WITH LAWS**

Subrecipient shall comply with all applicable laws and regulations in the performance of this Agreement.

## **THIRD PARTY BENEFICIARY**

This Agreement is made solely and specifically among and for the benefit of the Parties, and their successors and assigns, and no other person will have any rights, interest, or claims or be entitled to any benefits under or on account of this Agreement as a third party beneficiary or otherwise.

## **INSOLVENCY, BANKRUPTCY, DISSOLUTION**

(a) Notice. Subrecipient shall notify DHEC in writing within five (5) business days of the initiation of insolvency, receivership, or bankruptcy proceedings, whether voluntary or involuntary, and not less than thirty (30) calendar days before dissolution or termination of business. Notification shall include, as applicable, the date the petition was filed, anticipated date of dissolution or closure of business, identity of the court in which the petition was filed, a copy of the petition, and a listing

of all State contracts and grants against which final payment has not been made. This obligation remains in effect until completion of performance and final payment under this Agreement.

(b) Termination. This Agreement is voidable and subject to immediate termination by DHEC upon Subrecipient's insolvency, appointment of a receiver, filing of bankruptcy proceedings, making an assignment for the benefit of creditors, dissolution (if an organization), death (if an individual), or ceasing to do business.

### **SEVERABILITY**

The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision, which shall remain in full force and effect.

### **WAIVER**

DHEC does not waive any prior or subsequent breach of the terms of this Agreement by making payments on the Agreement, by failing to terminate the Agreement for lack of performance, or by failing to enforce any term of the Agreement. Only the DHEC Federal Grant Compliance Director has actual authority to waive any of DHEC's rights under this Agreement. Any waiver must be in writing.

### **PLACE OF CONTRACTING**

This Agreement is deemed to be negotiated, made, and performed in the State of South Carolina.

### **ATTACHMENTS/ADDENDA**

Attachments, addenda, or other materials attached to the Subaward are specifically incorporated into and made part of this Subaward. This Subaward, with all attachments, represents the entire understanding and agreement between the parties with respect to the subject matter of this Subaward and supersedes all prior oral and written and all contemporaneous oral negotiations, commitments and understandings between such parties. The terms of this Subaward take priority over any conflicting or inconsistent terms of any other document, invoice, or communication between the parties

Attachments include:

- Attachment I: FY2021-RFGA- HV-206
- Attachment II: National HIV/AIDS Strategy (NHAS), Updated to 2020; Ending the HIV Epidemic: A Plan for America; National Strategic Plan: A Roadmap to End the Epidemic: 2021-2015; S.C. DHEC's HIV/AIDS Strategy, 2017-2021; S.C. DHEC's Ending the HIV Epidemic (EHE) Plan
- Attachment III: HRSA's Ryan White Service Definitions
- Attachment IV: Quality Management Plan
- Attachment V: South Carolina DHEC Ryan White Part B Service Standards
- Attachment VI: South Carolina DHEC Part B Medical Case Management Standards
- Attachment VII: South Carolina Ryan White Part B Medical Case Management Qualifications and Training
- Attachment VIII: Budget Narrative and Cost Allocation Plan; Implementation Plan; Budget Quarterly and Year End Financial Report; Budget Revision; and Invoice Templates
- Attachment IX: Code of Conduct

- Attachment X: Subaward Source of Funding
- Attachment XI: DHEC Overview of State SC Travel Reimbursement Policies for Vendors and Subrecipients
- Attachment XII: Subaward Invoice and Supporting Documentation
- Attachment XIII: FFATA Data Checklist for Source of Funding
- Attachment XIV: Subrecipient Certification of Compliance

## **CONFLICT OF INTEREST**

Subrecipient, as a non-Federal entity, must comply with 2 CFR §200.112 and §200.318(c)(1). Subrecipient must comply with conflict of interest policies of the federal awarding agency and must disclose in writing any potential conflicts of interest to DHEC in accordance with applicable federal awarding agency policy. Subrecipient must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. Subrecipient's officers, employees, and agents may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, Subrecipient may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by Subrecipient's officers, employees, or agents.

If Subrecipient has a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe, Subrecipient must also maintain written standards of conduct covering organizational conflicts of interest. Organizational conflicts of interest mean that because of relationships with a parent company, affiliate, or subsidiary organization, Subrecipient is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization.

The non-Federal entity may not earn nor keep any profit resulting from Federal financial assistance.

## **PREVENTING AND REPORTING, FRAUD, WASTE AND ABUSE**

DHEC has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, grantee or contractor shall direct, participate in, approve, or tolerate any violation of federal or state laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other "whistleblower" statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations

of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the Federal and State laws prohibiting false claims and DHEC's policies and procedures regarding false claims may be obtained from DHEC's Grant Compliance Director or Bureau of Business Management.

Any employee, agent, or contractor of DHEC who submits a false claim in violation of federal or State laws will be reported to appropriate authorities.

If Subrecipient or Subrecipient's agents, grantee or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-898-4869 or toll-free at 1-866-206-5202. Subrecipient is required to inform Subrecipient's employees of the existence of DHEC's policy prohibiting FWA and the procedures for reporting FWA to the agency. Subrecipient must also inform Subrecipient's employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

#### **OTHER REPRESENTATIONS OF SUBRECIPIENT**

Subrecipient represents, warrants and covenants:

- (a) Subrecipient has the professional, technical, logistical, financial, and other ability to perform its obligations under this Agreement.
- (b) Subrecipient's execution and performance of this Agreement does not violate or conflict with any other obligation of Subrecipient.
- (c) Subrecipient has no conflict of interest with its obligations under this Agreement.
- (d) Subrecipient has not initiated or been the subject of insolvency, receivership, or bankruptcy proceedings, whether voluntary or involuntary, within the last seven years.
- (e) Subrecipient has not previously been found in breach or default of any government contract or grant and is not the subject of any investigation (to its knowledge) or pending litigation for breach or default of any government contract, grant, or subaward, except as disclosed in Exhibit **Enter exhibit reference**.
- (f) Subrecipient is a **Select: Corporation, Limited Liability Company, or Other** duly organized, validly existing and in good standing under the laws of **Enter location** and authorized to transact business in South Carolina, with full power and authority to execute and perform its obligations under this Agreement.

**COUNTERPARTS AND FACSIMILE SIGNATURES** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one agreement. A facsimile, scanned, or electronically entered handwritten signature to this Agreement shall be deemed an original and binding upon the signing party.

**SURVIVAL** Clauses which by their nature require performance or forbearance after the Subaward period will survive termination, cancellation, or expiration of the Subaward unless expressly provided otherwise in the Subaward or an amendment.

**TIME** Unless specified otherwise: (a) “days” in this Subaward means calendar days; (b) in computing any period of time prescribed or allowed by this Subaward, the day of the event from which the designated period of time begins to run is not included; (c) if the final day of the designated period falls on a Saturday, Sunday or legal holiday for the state or federal government, then the period shall run to the end of the next business day.

**NO ENDORSEMENT** Nothing in this agreement may be interpreted to imply that the State of South Carolina or DHEC endorses any product, service, or policy of Subrecipient. Subrecipient will not take any action or make any statement, or request DHEC take any action or make any statement, that suggests or implies such an endorsement. Subrecipient shall not publish any comments or quotes by State employees or include the State in either news releases or a published list of customers, without the prior written approval of the Contracts Manager.

**CONFLICT OF INTEREST** Subrecipient, as a non-Federal entity, must comply with 2 CFR §200.112 and §200.318 (c) (1). Subrecipient must comply with conflict of interest policies of the federal awarding agency and must disclose in writing any potential conflicts of interest to DHEC in accordance with applicable federal awarding agency policy. Subrecipient must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. Subrecipient’s officers, employees, and agents of may neither solicit nor accept gratuities, favors, or anything of monetary value from subrecipients or parties to subcontract. However, Subrecipient may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by Subrecipient’s officers, employees, or agents.

If Subrecipient has a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe, Subrecipient must also maintain written standards of conduct covering organizational conflicts of interest. Organizational conflicts of interest means that because of relationships with a parent company, affiliate, or subsidiary organization, Subrecipient is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization

## **LOBBYING**

Contractors, Subrecipients and Grantees, including subcontractors, sub grantees, and subrecipients who receive federal funds pursuant to this Agreement, are prohibited from using any of the federal funds to engage in lobbying activities, and must adhere to applicable statutes and regulations as a

condition of receiving the federal funds. These prohibited activities include both direct and "grass roots" lobbying at the federal, state, and local levels, legislative and executive functions.

No part of any grant, subaward or contract funds will be used to pay the salary or expenses of any person related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. This prohibition shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

31 U.S.C. § 1352 certification (45 CFR Part 93).

The undersigned certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



## GRANT SPECIFIC TERMS AND CONDITIONS

**PROVIDER-PATIENT RELATIONSHIP:** DHEC does not, by virtue of entering into or performing under this Agreement, assume a provider-patient relationship with any person with whom DHEC does not otherwise have such a relationship. Persons receiving services from Subrecipient will be deemed Subrecipient's patients.

### SPECIAL SECURITY REQUIREMENTS:

- a. Individuals served by Subrecipient are Subrecipient's clients, not DHEC clients, and therefore Subrecipient is responsible for creating and maintaining client records and for all matters pertaining to HIPAA and data security and confidentiality.
- b. Subrecipient must:
  - i. Adhere to CDC's Data Security and Confidentiality Guidelines (*Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (Atlanta, GA: U.S. DHHS, Centers for Disease Control and Prevention; 2011 (<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>) including any amendments;
  - ii. Submit annually a certification of compliance in the form attached (**Attachment VII**) assuring compliance with the standards; and
  - iii. Ensure that staff members and Subrecipients with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.
- c. DHEC may at any time review and audit all Subrecipient files and records for matters pertaining to the funded services, including Subrecipient's compliance with CDC's Data Security and Confidentiality Guidelines. Subrecipient must make medical records, files, or other documentation available to DHEC upon request.

Subrecipient must manage all breaches of protected health information (PHI) or personally identifiable information (PII) in compliance with applicable law. Subrecipient must notify DHEC immediately upon discovery of any breach. If the breach relates to CDC funded services, Subrecipient must also notify CDC within one (1) hour of the discovery.

### CONFIDENTIALITY:

- a. Subrecipient will comply with all confidentiality obligations under federal and state laws and DHEC policies and requirements including but not limited to the Federal Educational Rights and Privacy Act, 20 U.S.C. §1232g, and the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-92, as amended, and regulations (45 CFR Parts 160 and 164), as applicable. Confidential information means information known or maintained in any form, whether recorded or not, consisting of protected health information, other health information, personal information, personal

identifying information, confidential business information, and any other information required by law to be treated as confidential, designated as confidential by DHEC, or known or believed by Subrecipient or Subrecipient's employee or agent to be claimed as confidential or entitled to confidential treatment.

- b. Subrecipient will not, unless required to perform its responsibilities under this Agreement or required by law (as determined by a court or other governmental body with authority):
  - i. access, view, use, or disclose confidential information without written authorization from DHEC;
  - ii. discuss confidential information obtained in the course of its relationship with DHEC with any other person or in any location outside of its area of responsibility in DHEC; or
  - iii. make any unauthorized copy of confidential information or remove or transfer this information to any unauthorized location or media.
- c. Subrecipient will direct any request it receives for confidential information obtained through performance of services under this Agreement, including a subpoena, litigation discovery request, court order, or Freedom of Information Act request, to the DHEC Contracts Manager and DHEC Office of General Counsel as soon as possible, and in every case within one business day of receipt. If Subrecipient discloses confidential information pursuant to a properly completed authorization or legal process, order, or requirement, Subrecipient must document the disclosure and make the documentation and authorization available for DHEC inspection and audit.
- d. Subrecipient must ensure that its employees, agents, and subcontractors who may have access to DHEC confidential information are aware of and comply with these confidentiality requirements. Subrecipient must ensure that any release of confidential information is limited to the minimum necessary to meet its obligations under this Agreement and applicable law. If Subrecipient is a business associate and will or may have access to any Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-92, as amended, and regulations (45 CFR Parts 160 and 164), Subrecipient will sign and comply with DHEC's Business Associate Agreement (DHEC Form 0854) and protect PHI in compliance with HIPAA. DHEC may, in its discretion, require Subrecipient and Subrecipient's employees, agents, and subcontractors to sign DHEC Form #321A, the DHEC Contractor Confidentiality Agreement, to protect information contained in a particular DHEC program area.
- e. Subrecipient must immediately notify the DHEC Compliance Officer at 803-898-3350; 1-888-843-3718, [compliance@dhec.sc.gov](mailto:compliance@dhec.sc.gov), and the DHEC Contracts Manager of any unauthorized use or disclosure of confidential information received under this Agreement. Subrecipient will promptly notify DHEC of any suspected or actual breach of security of an individual's personal identifying information under S.C. Code Section 1-11-490 and will assist DHEC in responding to the breach and fulfilling its notification obligations under applicable law, including S.C. Code Section 1-11-490.

- f. Subrecipient's obligations under this provision and any other agreements concerning confidentiality shall survive termination, cancellation, or expiration of the Agreement.
- g. Subrecipient must treat **all** information, documents, and electronically stored information received from or through DHEC or generated by Subrecipient or DHEC in connection with the performance of this Agreement as confidential information and must not disclose any such information or documents except as permitted by the Agreement, and except to the extent DHEC authorizes the disclosure in writing or the disclosure is required by law (as determined by a court or other governmental body with authority).

**HIPAA TRAINING:** Before participating in any DHEC clinical activity or rendering any service to DHEC and its clients under this Agreement, Subrecipient and its employees/agents will be educated and trained regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations pertaining to the privacy and security of protected health information (the HIPAA Privacy Rule.) Subrecipient will provide documentation of successful completion of this training to the Contracts Manager before initiating performance of this Agreement. If this training has not been conducted, or documentation of training has not been provided, Subrecipient and its employees/agents will be required to receive necessary instruction using DHEC's e-learning system before initiating performance of this Agreement.

**INFORMATION SECURITY AWARENESS TRAINING:** Before any DHEC Information System access can be granted, Subrecipient must ensure that its employees and agents have been educated and trained regarding information security awareness pertaining to information and cyber security. Subrecipient will provide documentation of successful completion of this training to the Contracts Manager before initiating performance of this Agreement. If this training has not been conducted, or documentation of training has not been provided, Subrecipient and its employees/agents will be required to receive necessary instruction using DHEC's e-learning system before initiating performance of this Agreement.

**CERTIFICATION OF DESTRUCTION OF AGENCY DATA:** At the termination of this Agreement, Subrecipient will provide DHEC, in writing, certification that all DHEC data provided to the Subrecipient has been removed from all Subrecipient systems, backups, media and electronic storage mechanisms at all locations and/or under the control of the Subrecipient. This includes all original data files, copies made of the data files, derivatives or subsets of the data files and any manipulated data files.

**SURVIVAL OF OBLIGATIONS:** The Parties' rights and obligations which, by their nature, would continue beyond the termination, cancellation, rejection, or expiration of this Agreement shall survive such termination, cancellation, rejection, or expiration, including, but not limited to, the rights and obligations created by the following clauses: Indemnification – Third Party Claims, Intellectual Property Indemnification, and any provisions regarding warranty or audit. [07-7A075-1].

**RETURN OF FUNDS:** Subrecipient shall return to DHEC any funds paid by DHEC and not used for completion of services in accordance with this Agreement. If DHEC determines, through audit or otherwise, that Subrecipient has misused funds, Subrecipient shall return those funds as directed by DHEC.

**LICENSE/ACCREDITATION:** Subrecipient represents and warrants that Subrecipient and Subrecipient's employees and/or agents who will perform services under this Agreement currently hold in good standing all federal and state licenses (including professional licenses), certifications, approvals, and accreditations necessary to perform services under this Agreement, and Subrecipient has not received notice from any governmental body of any violation or threatened or actual suspension or revocation of any such licenses, certifications, approvals, or accreditations. Subrecipient and its employees/agents shall maintain licenses, certifications, and accreditations in good standing during the term of this Agreement. Subrecipient will immediately notify DHEC if a board, association, or other licensing or accrediting authority takes any action to revoke or suspend the license, certification, approval, or accreditation of Subrecipient or Subrecipient's employees or agents providing or performing services under this Agreement.

**POST-EXPOSURE PROPHYLAXIS:** In the event that an uninsured, HIV negative individual reports a non-occupational, accidental needle-stick from an HIV positive client of the Subrecipient, the Subrecipient may request payment assistance for post-exposure prophylaxis from DHEC in accordance with the public health purpose of this Grant.

- a. Subrecipient may request funding for post-exposure medications only. DHEC will not provide counseling, monitoring or other clinical advice or support in response to a post-exposure request under this Grant.
- b. Requests for medication payment assistance may be made via the RW or ADAP program manager. If approved, DHEC will require a separate invoice with verification and explanation of the event for reimbursement to be processed and paid.
- c. This Grant provision exists for public health emergencies only to prevent accidental HIV infection and implies no liability to DHEC for receiving, processing or reimbursing the Subrecipient for payment of HIV post-exposure medications.
- d. Request for payment will be considered by DHEC only if no unrestricted or other available funding source exists.
- e. The Subrecipient request shall not include occupational, recreational, or sexual assault related needle-stick or exposure since other non-RW payment systems exist when these instances occur.

**USE OF RYAN WHITE FUNDS REGARDING INSURANCE COORDINATION:** The Ryan White HIV/AIDS Program (RWHAP) requires all Subrecipients to "vigorously pursue"

health insurance enrollment that is cost-efficient for medication coverage under the plan as opposed to the RWHAP cost of medications without coverage.

- a. RWHAP clients of the Subrecipient organization may be or may become enrolled for insurance coverage under a health care plan that meets the RWHAP medication cost-savings requirement but is not accepted (in-network) for RW-eligible services provided to standard (non RW) clients of the organization.
- b. The funds awarded under this Agreement exist to establish payment systems and service models for RW-eligible services provided by the Subrecipient - even for clients who have no insurance coverage, are under-insured, or are covered by out-of-network plans.
- c. The Subrecipient is expected to coordinate solutions with the DHEC RW program to provide systems of wrap-around assistance using RWHAP or other program funds to ensure uninterrupted access to eligible services - as clients obtain, lose, or change coverage - in accordance with RWHAP policies and requirements.
- d. The Subrecipient may not institute a policy, program, or practice to systematically deny contracted services to uninsured, under-insured, or out-of-network RWHAP clients of the organization if such policies, programs, or practices contradict RWHAP policies, standards, allowances, or authorized exceptions.
- e. Subrecipient coordination with the DHEC RW program may include systems to refer RWHAP clients covered by out-of-network plans to in-network hospitals or providers for admissions/procedures/surgeries that are not eligible under the RW grant but are covered by the insurance plan.

**REVISIONS OF LAW:** The provisions of the Agreement are subject to revision of State or Federal statutes and regulations and requirements governing Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program (EHE), U.S. Health Resources & Services Administration (HRSA) and DHEC's Ryan White Part B Program *Ending the HIV Epidemic Plan*.

**EQUIPMENT TITLE:** Title to any equipment, goods, software, or database whose acquisition cost is borne wholly or in part by this Agreement shall vest in DHEC upon acquisition and will be transferred to the Subrecipient upon the end of the successful completion of the Agreement for use in continued support of the effort of the work as outlined in the Agreement.

**THIRD PARTY BILLING:** The Subrecipient will bill the third-party source directly for reimbursement for such services. DHEC will be responsible for reimbursing the Subrecipient only that portion of charges not reimbursed by the third-party source.

**TOBACCO-FREE CAMPUS POLICY:** Tobacco-Free Campus Policy: Use of all tobacco products, including smokeless tobacco and electronic cigarettes, is prohibited in any facility or on any property owned or controlled by DHEC (including parking lots, parking garages, sidewalks, and breezeways).

**WORK ENVIRONMENT:** Harassment in any form constitutes misconduct that undermines the integrity of the employment relationship. Any act of harassment by employees, including sexual and discriminatory harassment, is prohibited and subjects the employee to disciplinary measures. All reports of harassment, either verbal or in writing, will be investigated in a timely manner. Retaliation against an employee or other person who reports a concern about harassment is strictly prohibited. Acts of harassment by agents, contractors or vendors are also prohibited and may result in sanctions.

**INDEMNIFICATION:** “Claim” in this provision means a claim, demand, suit, cause of action, loss or liability. Notwithstanding any limitation in this Agreement, and to the fullest extent permitted by law, Subrecipient shall defend, indemnify, and hold DHEC and its officers, directors, agents, and employees harmless from any Claims made by a third party for bodily injury, sickness, disease or death, defamation, invasion of privacy rights, breach of confidentiality obligations, infringement of intellectual property rights, or for injury to or destruction of tangible property arising out of or in connection with any act or omission of Subrecipient, in whole or in part, in the performance of services pursuant to this Agreement. Further, Subrecipient shall defend and hold DHEC harmless from any claims against DHEC by a third party as a result of the Subrecipient’s breach of this Agreement, including any breach of confidentiality by a person to whom Subrecipient disclosed confidential information in violation of this Agreement. Subrecipient shall not be liable for any claims by a third party proven to have arisen or resulted solely from the negligence of DHEC. This indemnification shall include reasonable expenses including attorney’s fees incurred by defending such claims. DHEC shall provide timely written notice to Subrecipient of the assertion of the claims alleged to be covered under this clause. Subrecipient’s obligations hereunder are in no way limited by any protection afforded under workers’ compensation acts, disability benefits acts, or other employee benefit acts. This clause shall not negate, abridge, or reduce any other rights or obligations of indemnity which would otherwise exist. The obligations of this paragraph shall survive termination, cancellation, or expiration of the Agreement.

The parties to the Agreement hereby agree to any and all provisions of the Agreement as stipulated herein.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND  
ENVIRONMENTAL CONTROL

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

MAILING ADDRESS:

SC DHEC - Public Health Contracts  
Anndrea Cloud Thomas  
Bureau of Chronic Disease and Injury Prevention  
2100 Bull Street  
Columbia, SC 29201  
803-898-0494

SUBRECIPIENT

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMITTANCE ADDRESS: (if different from mailing address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TAX/EMPLOYER ID#: \_\_\_\_\_

DUNS # \_\_\_\_\_

TYPE OF ENTITY (check one):

- ☐ Corporation
- ☐ LLC
- ☐ Partnership
- ☐ Nonprofit organization
- ☐ Government agency or political subdivision -  
specify state if not SC: \_\_\_\_\_
- ☐ Other Governmental body (specify) \_\_\_\_\_
- ☐ Individual/sole proprietor
- ☐ Other (specify) \_\_\_\_\_

If a corporation or LLC, or nonprofit organization:

State of incorporation/organization:

\_\_\_\_\_

Registered agent and address in South Carolina:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCDLLR or other license # \_\_\_\_\_

\_\_\_\_\_

**ATTACHMENT I**

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
RYAN WHITE PART B REQUEST FOR GRANT APPLICATIONS (RFGA)  
FY2022-RFGA-HV-206**

[Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC](#)



## **ATTACHMENT II**

National HIV/AIDS Strategy (NHAS), Updated to 2020

Ending the HIV Epidemic: A Plan for America

National Strategic Plan: A Roadmap to End the Epidemic: 2021-2015

S.C. DHEC's HIV/AIDS Strategy, 2017-2021

S.C. DHEC's Ending the HIV Epidemic (EHE) Plan

### **The United States National HIV/AIDS Strategy (NHAS), Updated to 2020**

<https://www.hiv.gov/sites/default/files/nhas-2020-action-plan.pdf>

### **The National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025**

<https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

### **Ending the HIV Epidemic: A Plan for America**

<https://www.cdc.gov/endhiv/docs/ending-HIV-epidemic-overview-508.pdf>

### **S.C. DHEC's HIV/AIDS Strategy, 2017-2021**

[https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/SC%20HIV/AIDS%20Strategy\\_2017-2021\\_FINAL\\_091916.pdf](https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/SC%20HIV/AIDS%20Strategy_2017-2021_FINAL_091916.pdf)

### **S.C. DHEC's Ending the HIV Epidemic (EHE) Plan**

[https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025\\_FINAL.pdf](https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025_FINAL.pdf)

## **ATTACHMENT III**

HRSA's Ryan White Service Definitions

<http://www.dhec.sc.gov/Health/docs/stdhiv/RWServiceDefinitions.pdf>

## **ATTACHMENT IV**

### **Quality Management Plan**

<https://scdhec.gov/sites/default/files/media/document/CY%202019%20Quality%20Management%20Plan.pdf>

## **ATTACHMENT V**

South Carolina DHEC Ryan White Part B Standards

<https://scdhec.gov/sites/default/files/media/document/Ryan-White-Part-B-Service-Standards-March-2021.pdf>

## **ATTACHMENT VI**

### **South Carolina Part B Medical Case Management Standards**

[https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/RyanWhite/PartB/Ryan%20White%20Part%20B%20Medical%20Case%20Management%20Standards\\_Final\\_6-27-18.pdf](https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/RyanWhite/PartB/Ryan%20White%20Part%20B%20Medical%20Case%20Management%20Standards_Final_6-27-18.pdf)

## **ATTACHMENT VII**

### **South Carolina Ryan White Part B Medical Case Management Qualifications and Training**

All new hires for Ryan White Part B HIV Medical Case Manager and HIV Medical Case Management Supervisor positions must meet the following criteria:

#### **HIV Medical Case Manager**

An HIV Medical Case Manager must meet one (1) of the following qualifications:

6. Hold a master's degree from an accredited college or university in a human services field related to Social Work, Sociology, Health Education, Child and Family Development, Maternal and Child Health, Counseling, Psychology, or Nursing; or
7. Hold a bachelor's degree from an accredited school of social work; or
8. Hold a four-year degree from an accredited college or university in a human services field or related curriculum including at least fifteen (15) semester hours in courses related to social work or counseling and six (6) months of social work or counseling experience; or
9. Hold a four-year degree from an accredited college or university and one (1) year experience in counseling or in a related human services field with experience in techniques of counseling, casework, health education, group work or community organization; or
10. Be a licensed Social Worker, Registered Nurse, Nurse Practitioner, or Certified Substance Abuse Counselor.

#### **HIV Medical Case Management Supervisor**

An HIV Medical Case Management Supervisor must meet one (1) of the following qualifications:

7. Hold a master's degree from an accredited college or university in a human services field related to Social Work, Sociology, Health Education, Child and Family Development, Maternal and Child Health, Counseling, Psychology or Nursing, and one (1) year experience in direct service provision in a human services setting; or
8. Hold a bachelor's degree from an accredited school of social work and three (3) years of experience in case management or direct service provision in a human services setting; or
9. Hold a four-year degree from an accredited college or university in a human services field or related curriculum including at least fifteen (15) semester hours in courses related to social work or counseling and six (6) months of social work or counseling experience and three (3) years of experience in direct service provision in a human services setting; or
10. Hold a four-year degree from an accredited college or university and one (1) year experience in counseling or in a related human services field with experience in techniques of counseling, casework, health education, group work or community organization and three (3) years of experience in direct service provision in a human services setting; or
11. Hold a four-year degree from an accredited school of professional nursing and have a minimum of three (3) years of experience in direct service provision in a human services setting.

12. Be a licensed Social Worker, Registered Nurse, Nurse Practitioner, or Certified Substance Abuse Counselor and have three (3) years of experience working in human services.

### **Required Medical Case Manager Training**

All newly hired Medical Case Managers and Supervisors must complete a minimum MCM Training regimen within twelve (12) months of their hire date. This includes:

- HIV 101
- New MCM Orientation & PE
- Benefits Navigation
- Basic Counseling

All Medical Case Managers and Supervisors must complete at least twelve (12) hours of continuing education in case management practices or HIV/AIDS each year. Guidance for determining appropriate continuing education opportunities will be provided SC DHEC. Documentation of completion of continuing education must be kept in the employee's personnel file.

## **ATTACHMENT VIII**

Ryan White Part B Program Budget Narrative and Cost Allocation Plan

<http://www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

Ryan White Part B Program Implementation Plan Workbook Template

<http://www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

Ryan White Part B Program Budget Revision Templates

<http://www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

Ryan White Part B Program Budget Monthly Invoice Templates

<http://www.dhec.sc.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

**Use of these templates is required.**



## ATTACHMENT IX

### Code of Conduct

This code of conduct governs the environment of SC DHEC's HIV/STD/VH Division, including staff and contracted subrecipients. This Code of Conduct was created in response to findings from a NASTAD site visit in March 2020. We learned that articulating values and obligations to one another reinforces the level of respect needed among the team and having a code provides us with clear avenues to correct our culture should it ever stray from that course.

- **Be friendly and patient.**
- **Be welcoming.** We strive to be a community that welcomes and supports people of all backgrounds and identities. This includes, but is not limited to members of any race, ethnicity, culture, national origin, color, immigration status, social and economic class, educational level, sex, sexual orientation, gender identity and expression, age, size, family status, political belief, religion, and mental and physical ability.
- **Be considerate.** Your work will be used by other people, and you in turn will depend on the work of others. Any decision you make will affect colleagues and others across multiple organizations, and you should take those consequences into account when making decisions. Remember that we're a world-wide community, so you might not be communicating in someone else's primary language. Be polite and friendly in all forms of communication, especially remote communication, where opportunities for misunderstanding are greater. Use sarcasm carefully. Tone is hard to decipher online; make judicious use of all available tools to aid in communication.
- **Be respectful.** Not all of us will agree all the time, but disagreement is no excuse for poor behavior and poor manners. We might all experience some frustration now and then, but we cannot allow that frustration to turn into a personal attack. It's important to remember that a community where people feel uncomfortable or threatened is not a productive one. We should be respectful when dealing with others.
- **Be generous and kind in both giving and accepting critique.** Critique is a natural and important part of improving. Good critiques are kind, respectful, clear, and constructive, focused on goals and requirements rather than personal preferences. You are expected to give and receive criticism with grace.
- **Be careful in the words that you choose.** We are a community of professionals, and we conduct ourselves professionally. Be kind to others. Do not insult or put down other participants. Harassment and other exclusionary behavior aren't acceptable. This includes, but is not limited to:
  - Violent threats or language directed against another person.
  - Discriminatory jokes and language.
  - Posting sexually explicit or violent material.

- Personal insults, especially those using racist or sexist terms.
  - Unwelcome sexual attention.
  - Advocating for, or encouraging, any of the above behavior.
  - Repeated harassment of others. In general, if someone asks you to stop, then stop.
- **When we disagree, try to understand why.** Disagreements, both social and technical, happen all the time. It is important that we resolve disagreements and differing views constructively. Remember that we're different. The strength of our network comes from its varied community and people from a wide range of backgrounds. Different people have different perspectives on issues. Being unable to understand why someone holds a viewpoint doesn't mean that they're wrong. Don't forget that it is human to err and blaming each other doesn't get us anywhere. Instead, focus on helping to resolve issues and learning from mistakes.

## Unacceptable behaviors

The DHEC Ryan White Part B Team is committed to providing a welcoming and safe environment for people of all races, gender identities, gender expressions, sexual orientations, physical abilities, physical appearances, socioeconomic backgrounds, life experiences, nationalities, ages, religions, and beliefs. Discrimination and harassment are expressly prohibited. Harassment may include, but is not limited to, intimidation; stalking; unwanted recording or photography; inappropriate physical contact; use of sexual or discriminatory imagery, comments, or jokes; intentional or repeated misgendering; sexist, racist, ableist, or otherwise discriminatory or derogatory language; and unwelcome sexual attention.

In order to provide a welcoming environment, we commit to being considerate in our language use. Any behavior or language which is unwelcoming—whether or not it rises to the level of harassment—is also strongly discouraged. Much exclusionary behavior takes the form of microaggression - subtle put-downs which may be unconsciously delivered. Regardless of intent, microaggressions can have a significant negative impact on victims and have no place on our team.

## Addressing Violations and Challenges

These guidelines are ambitious, and we're not always going to succeed in meeting them. When something goes wrong—whether it's a microaggression or an instance of harassment—there are a number of things you can do to address the situation. We know that we'll do our best work if we're happy and comfortable in our surroundings, so we take concerns about this stuff seriously. Depending on your comfort level and the severity of the situation, here are some things you can do to address it:

- **Address it directly.** If you're comfortable bringing up the incident with the person who instigated it, pull them aside to discuss how it affected you. Be sure to approach these conversations in a forgiving spirit: an angry or tense conversation will not do either of you any good. If the exchange occurred in a digital format, it may be best to reach out and speak to those involved to determine if language was misconstrued.

If you're too frustrated to have a direct conversation, there are a number of alternate routes you can take.

- **Talk to a peer or mentor.** Your colleagues are likely to have personal and professional experience on which to draw that could be of use to you. If you have someone you're comfortable approaching, reach out and discuss the situation with them. They may be able to advise on how they would handle it or direct you to someone who can. The flip side of this, of course, is that you should also be available when others reach out to you.
- **Reach out to a member of the management team.** DHEC management is happy to talk to you about the problem and hopes you are willing to do the same. We aim to be good at listening to concerns about small violations, but also be able to help in situations where more drastic action needs to be taken. In all cases, we will make every effort to stay in clear communication with anyone who reports a problem, maintaining confidentiality whenever possible. Depending on the severity and urgency of a particular issue, the member of the management team you've spoken to may need to escalate a report to include others, whether higher level supervisors or our legal team. We expect the same from our subrecipients. Where this is necessary, you can expect to be kept in the loop about the progress of your report.

**ATTACHMENT X**

**SUBAWARD SOURCE OF FUNDING 1**

**SUBAWARD SOURCE OF FUNDING 2**

SUBAWARD SOURCE OF FUNDING (SOF) # 1

(1) Subaward #: \_\_\_\_\_ (2) Subaward Amendment #: \_\_\_\_\_

(3) Subrecipient Name: \_\_\_\_\_

(4) Subrecipient's Unique Entity Identifier (DUNS #): \_\_\_\_\_

(5) Grant Award Title: \_\_\_\_\_

(6) Federal Award Identification Number (FAIN): \_\_\_\_\_ (7) \_\_\_\_\_

FAIN Date:

(8) Primary Grant Project Period Start Date:\_\_\_\_\_ End Date:\_\_\_\_\_

(9) Subaward Project Period Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

(10) Current Subaward Period of Performance Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

(11) Amount of Federal Funds Obligated by this Action: \_\_\_\_\_

(12) Prior Periods Obligated: \$ \_\_\_\_\_ (13) Obligated Total: \_\_\_\_\_

(14) Total Amount of Federal Award Committed to the Subrecipient: \_\_\_\_\_

(15) Federal Award Project Description:

--

(16) Federal Awarding Agency:

(17) Passthrough Entity: \_\_\_\_\_

(18) CFDA #: \_\_\_\_\_ (19) CFDA Title: \_\_\_\_\_

(20) Is the Subaward Research and Development? Yes No

(21) DHEC's Federally Negotiated Rate at time of Grant Award % (NOT TO BE

USED BY SUBRECIPIENT)

(22) Subrecipient's Indirect Cost: Federally Negotiated Rate\* \_\_\_\_\_ %

**\*\*De minimis**

No Indirect X\_\_\_\_\_

\*A copy of the approved federally negotiated rate agreement must be submitted to DHEC prior to 1<sup>st</sup> payment.

\*\* A detailed breakdown of the various cost elements that constitute the MTDC must be submitted to DHEC prior to 1<sup>st</sup> payment

**SUBAWARD SOURCE OF FUNDING (SOF) #      1**

**(23) Passthrough Entity (DHEC) Contact Information**

<b>NAME</b>	<b>ADDRESS</b>	<b>EMAIL</b>	<b>PHONE NUMBER</b>
Finance Director	2600 Bull Street Columbia, SC 29201- 1708	<a href="mailto:GrantsMgt@dhec.sc.gov">GrantsMgt@dhec.sc.gov</a>	N/A
Linda Bell, MD	2100 Bull Street Columbia, SC 29201	<a href="mailto:BELLW@dhec.sc.gov">BELLW@dhec.sc.gov</a>	803-898-0798

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

(Program Signature)

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

(Finance Signature)

SUBAWARD SOURCE OF FUNDING (SOF) # 2

(1) Subaward #: \_\_\_\_\_ (2) Subaward Amendment #: \_\_\_\_\_

(3) Subrecipient Name: \_\_\_\_\_

(4) Subrecipient's Unique Entity Identifier (DUNS #): \_\_\_\_\_

(5) Grant Award Title: \_\_\_\_\_

(6) Federal Award Identification Number (FAIN): \_\_\_\_\_ (7) \_\_\_\_\_

FAIN Date:

(8) Primary Grant Project Period Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

(9) Subaward Project Period Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

(10) Current Subaward Period of Performance Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

(11) Amount of Federal Funds Obligated by this Action: \_\_\_\_\_

(12) Prior Periods Obligated: \$ \_\_\_\_\_ (13) Obligated Total: \_\_\_\_\_

(14) Total Amount of Federal Award Committed to the Subrecipient:

(15) Federal Award Project Description:

--

(16) Federal Awarding Agency:

(17) Passthrough Entity: \_\_\_\_\_

(18) CFDA #: \_\_\_\_\_ (19) CFDA Title: \_\_\_\_\_

(20) Is the Subaward Research and Development? Yes No

(21) DHEC's Federally Negotiated Rate at time of Grant Award \_\_\_\_\_ % (NOT TO BE USED BY SUBRECIPIENT)

(22) Subrecipient's Indirect Cost: Federally Negotiated Rate\* \_\_\_\_\_ %

**\*\*De minimis**

No Indirect X\_\_\_\_\_



\*A copy of the approved federally negotiated rate agreement must be submitted to DHEC prior to 1<sup>st</sup> payment.

\*\* A detailed breakdown of the various cost elements that constitute the MTDC must be submitted to DHEC prior to 1<sup>st</sup> payment

**SUBAWARD SOURCE OF FUNDING (SOF) #      2**

**(23) Passthrough Entity (DHEC) Contact Information**

<b>NAME</b>	<b>ADDRESS</b>	<b>EMAIL</b>	<b>PHONE NUMBER</b>
Finance Director	2600 Bull Street Columbia, SC 29201- 1708	<a href="mailto:GrantsMgt@dhec.sc.gov">GrantsMgt@dhec.sc.gov</a>	N/A
Linda Bell, MD	2100 Bull Street Columbia, SC 29201	<a href="mailto:BELLW@dhec.sc.gov">BELLW@dhec.sc.gov</a>	803-898-0798

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

(Program Signature)

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

(Finance Signature)

## **ATTACHMENT XI**

### **DHEC OVERVIEW OF STATE OF SC TRAVEL REIMBURSEMENT POLICIES FOR VENDORS AND SUBRECIPIENTS**

[Federal-Subaward-Travel-Reimbursement-Policies-for-Vendors-Subrecipients-02-03-2021.pdf](#)  
([scdhec.gov](http://scdhec.gov))

**(Mileage Rates to be Updated Annually)**

## **ATTACHMENT XII**

### **SUBAWARD INVOICES AND SUPPORTING DOCUMENTATION**

[Subaward-Invoices-Supporting-Documentation-031020.pdf \(scdhec.gov\)](#)

**ATTACHMENT XIII**

**FFATA DATA CHECKLIST**

**(Return Completed Checklist with Signed Subaward)**

**FFATA DATA CHECKLIST FOR SOURCE OF FUNDING (SOF) # \_\_\_\_\_ 1**

**Primary Grant Award / Passthrough Entity Data**

- (1) Subaward #: \_\_\_\_\_ (2) Subaward Amendment #: \_\_\_\_\_
- (3) CFDA #: \_\_\_\_\_ (4) CFDA Title: \_\_\_\_\_
- (5) Federal Awarding Agency: \_\_\_\_\_
- (6) Grant Award Title: \_\_\_\_\_
- (7) Grant Award Date: \_\_\_\_\_ (8) Federal Award Identification Number (FAIN): \_\_\_\_\_
- (9) Total Grant Award Amount: \_\_\_\_\_ (10) DHEC Unique Entity Identifier \_\_\_\_\_
- (DUNS #): \_\_\_\_\_
- (11) DHEC Principal Place of Performance: \_\_\_\_\_
- (12) Federal Award Project Description: \_\_\_\_\_

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=====

**Subaward / Subrecipient Data**

- (13) Subrecipient Name: \_\_\_\_\_
- (14) Subrecipient DBA Name: \_\_\_\_\_
- (15) Subrecipient Unique Entity Identifier (DUNS #): \_\_\_\_\_
- (16) Subrecipient Address (include zip +4 digits): \_\_\_\_\_
- (17) Subaward Date: \_\_\_\_\_ (18) Subaward Amount (must be  $\geq$  \$25,000): \_\_\_\_\_
- (19) Subaward Principal Place of Performance: \_\_\_\_\_
- (20) Subaward Area of Benefit (congressional districts): \_\_\_\_\_
- (21) Subrecipient Parent Unique Entity Identifier (DUNS #): \_\_\_\_\_

## FFATA DATA CHECKLIST: EXECUTIVE COMPENSATION

- (22) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: 80% or more of its annual gross revenues in U.S. Federal Contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes\_\_\_\_\_No\_\_\_\_\_
- (23) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: \$25 million or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes\_\_\_\_No\_\_\_\_\_ If the answer to question 1 and question 2 are both NO, this questionnaire is complete, otherwise continue to question 24.
- (24) Does the public have access to information about the compensation of senior executives of the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under the Securities Exchange Act of 1934 or the Internal Revenue Code of 1986? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, questionnaire is complete, otherwise list the names and compensation of the Subrecipient's five most highly compensated officers.

List the names and total compensation of the five most highly compensated officers of the Subrecipient/contractor as listed in the Subrecipient's System for Award Management profile, as applicable:

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	
5.	

Subrecipient Completed by:

---

**ATTACHMENT XIV**

**SUBRECIPIENT CERTIFICATION OF COMPLIANCE**

**(REQUIRES Signature)**



**Subrecipient Certification of Compliance**

**CERTIFICATION OF COMPLIANCE WITH THE “SECURITY AND CONFIDENTIALITY STANDARDS FOR PUBLIC HEALTH DATA AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)”**

By signing and submitting this form, we certify our compliance with CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention’s ***Data Security and Confidentiality Guidelines***. We acknowledge that all standards included in the guidelines have been implemented unless otherwise justified in an attachment to this statement. We agree to apply the standards to all staff and contractors funded through CDC HIV/AIDS Prevention or HRSA’s Ryan White Care and HUD’s HOPWA programs that have access to or maintain confidential health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the persons listed below and available upon request.

**Name(s), title(s), & phone number(s) of the proposed Overall Responsible Party (ORP) or ORP Panel.**

Name	Title	Telephone

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Signature: Executive Director**

\_\_\_\_\_  
**Signature: Authorized Business Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**Attachment 10**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL  
CONTROL  
SUBRECIPIENT RISK ASSESSMENT  
FY2021**

**Date:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

1. Please indicate your financial fiscal year:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2. Did your organization expend more than \$750,000 in federal grant awards during your last fiscal year?

Yes \_\_\_\_\_ No \_\_\_\_\_

i. If yes, has your 2 CFR 200 single audit been completed? Yes \_\_\_\_\_ No \_\_\_\_\_

ii. If no, please provide the reason why your 2 CFR 200 single audit has not been completed and/or a target date for completion.

\_\_\_\_\_  
\_\_\_\_\_

3. Were there any findings as a result of your most recently completed audit of federal funds?

Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please attach a copy of the finding(s) or supply the published and a copy of your formal response/corrective action plan to all audit findings.

4. Has your organization ever been deemed high risk by another passthrough entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. What type of financial management system does your organization use? (i.e. Spreadsheet, accounting software package, accounting system, etc.)

\_\_\_\_\_

(a) If you use an accounting package or system, please provide the name of the software.

\_\_\_\_\_

6. Does your organization segregate duties between authorization, recording, and custody functions related to procurement, cash management, and payment processes?

Yes\_\_\_\_\_ No \_\_\_\_\_

7. Do you have controls in place to prevent duplicate payments to vendors?

Yes\_\_\_\_\_ No \_\_\_\_\_

(a) Briefly describe or list controls: \_\_\_\_\_  
\_\_\_\_\_

8. Does your organization have a time and attendance system supporting payroll?

Yes\_\_\_\_\_ No\_\_\_\_\_

9. Does your organization allocate costs across multiple grant programs?

Yes\_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please describe the methodology used to allocate costs: \_\_\_\_\_  
\_\_\_\_\_

10. Does your accounting and financial management system follow Generally Accepted Accounting Principles?

Yes\_\_\_\_\_ No \_\_\_\_\_

11. Does your organization charge indirect cost to federal grants? Yes\_\_\_\_\_ No\_\_\_\_\_

(a) If yes, please describe how it is allocated (base vs pool, de minimis-MTDC).

\_\_\_\_\_  
\_\_\_\_\_

12. Does your organization currently have a federally approved negotiated indirect cost allocation plan?

Yes\_\_\_\_\_ No\_\_\_\_\_

(a) If No, have you ever had one? Yes\_\_\_\_\_ / When? \_\_\_\_\_ No\_\_\_\_\_

13. Does your financial management system allow you to segregate indirect vs. direct costs, and define and manage existing or planned indirect cost rates?

Yes\_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

14. Does your financial management system account for and segregate grant funds?

Yes\_\_\_\_\_ No \_\_\_\_\_

15. Does your financial management system allow you to compare actual expenditures or outlays to budgeted amounts for each grant?

Yes\_\_\_\_\_ No \_\_\_\_\_

16. Does your organization have a policy addressing who is authorized to request payment from the grantor (passthrough entity), what procedures are used to ensure that requests are accurate, and when drawdown of funds will occur?

Yes\_\_\_\_\_ No \_\_\_\_\_

17. Does your financial management system provide for effective control over and accountability for all funds, property, and other assets?

Yes\_\_\_\_\_ No \_\_\_\_\_

18. Does your organization have an active Federal System and Award Management (SAM) Registration?

Yes\_\_\_\_\_ No \_\_\_\_\_

19. Is your organization:

Individual\_\_\_\_\_ Government \_\_\_\_\_ For profit \_\_\_\_\_ Not for Profit \_\_\_\_\_

20. In addition to being a subrecipient of federal grant funds, is your organization also a primary recipient of federal grant funds?

Yes\_\_\_\_\_ No\_\_\_\_\_

21. Are your board members or trustees paid from federal grant funds?

Yes\_\_\_\_\_ No\_\_\_\_\_

22. Do employees who work on federal grant programs have specific references in their current position descriptions regarding their grant responsibilities?

Yes\_\_\_\_\_ No \_\_\_\_\_

23. Does your organization charge fees for services concurrent with the award?

Yes\_\_\_\_\_ No\_\_\_\_\_

24. Does your organization use loans to meet cash needs associated with the subaward?

Yes\_\_\_\_\_ No \_\_\_\_\_

25. Is your organization new to operating or managing state or federal funds?

Yes\_\_\_\_\_ No\_\_\_\_\_

26. How many employees does your organization employ? \_\_\_\_\_

- (a) What is your organization's employee turnover rate percentage for the past twelve months? \_\_\_\_\_%

*To calculate turnover: Add the number of employees at the beginning of the period to the number at the end of the period. Divide by two to find the average number of employees; divide the number of employees separated during the period by the average number of employees = employee turnover rate.*

27. Has your organization experienced turnover in management personnel during the last twelve months?

Yes\_\_\_\_\_ No\_\_\_\_\_

(a) If yes, what management positions have experienced turnover? (i.e. CFO, Budgets Manager, etc.)

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28. During the last twelve months, has your organization converted to a new financial system, or made substantial changes to an existing system? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please explain.

---

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29. Are policies, procedures, and processes regularly reviewed, updated and created to ensure that the organization effectively carries out its programs and activities, including updates that may be needed for grant funds?

Yes\_\_\_\_\_ No \_\_\_\_\_

30. Does management periodically review all reports, deliverables, expenditures, and other requirements related to grant programs to ensure that guidelines and requirements are being met?

Yes\_\_\_\_\_ No \_\_\_\_\_

31. Do key personnel assigned to this grant have experience in managing grants and an understanding of the relevant regulations?

Yes\_\_\_\_\_ No \_\_\_\_\_

32. Does your organization maintain a written code of conduct governing the performance of your employees, specifically those employees engaged in the award and administration of contracts?

Yes\_\_\_\_\_ No \_\_\_\_\_

33. Does the code of conduct encompass conflicts of interest?

Yes\_\_\_\_\_ No \_\_\_\_\_

(a) If no, what document addresses conflicts of interest?

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34. Does your organization have a personnel system which has the capability to create monthly reports of the activities and time of each employee whose compensation is charged to each project that the employee works on including all grant programs?

Yes\_\_\_\_\_ No \_\_\_\_\_

35. Is training and supervisory oversight provided to all employees to ensure that the organization effectively carries out its programs and activities, including employees working on grant programs?

Yes\_\_\_\_\_ No \_\_\_\_\_

36. Have any key personnel listed in the application/subaward agreement ever been debarred or suspended from participation in Federal Assistance programs?

Yes\_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please attach a list indicating who, when and for what reasons.

---

---

37. Does your organization have procedures in place to address breaches of ethics policy and/or instances of fraud or other criminal activity?

Yes\_\_\_\_\_ No \_\_\_\_\_

(a) If yes, do these procedures include required procedures and/or remedial actions to prevent future violations?

Yes\_\_\_\_\_ No \_\_\_\_\_

(b) If yes, do these procedures include a means to notify the appropriate agency in cases of confirmed fraud related to grant funds?

Yes\_\_\_\_\_ No \_\_\_\_\_

38. Are there formal policies and procedures in place for employees to confidentially report suspected violations of policies and or suspected instances of fraud or other criminal activity, including specifically those related to grant programs (e.g. a Whistleblower Policy)?

Yes\_\_\_\_\_ No \_\_\_\_\_

39. Does your organization manage or support a website or publicly accessible social media account such as but not limited to Facebook, Twitter, Google+, LinkedIn, Tumblr?

Yes\_\_\_\_\_ No\_\_\_\_\_

(a) If yes, please provide the appropriate URL or other access/navigation information.

---

40. Has your organization operated under another name in the past 10 years? This would include name changes and registered d.b.a. names.

Yes\_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please provide a list of all other names:

---

41. Has your organization done business with a vendor who has ever been disbarred or suspended?  
Yes\_\_\_\_\_ No \_\_\_\_\_
42. Does your organization maintain written procurement policies and procedures which provide reasonable assurance that procurement of goods and services are made in compliance with the provisions of 2 CFR Part 200?  
Yes\_\_\_\_\_ No \_\_\_\_\_
43. Does your organization have written procurement procedures to ensure transactions (as defined in the suspension and debarment common rule (2 CFR Part 180)) are not made with a debarred or suspended party?  
Yes\_\_\_\_\_ No \_\_\_\_\_
44. Has your organization ever been disbarred or suspended?  
Yes\_\_\_\_\_ No \_\_\_\_\_
45. Does your property management system maintain formal inventory records of all equipment acquired with federal funds?  
Yes\_\_\_\_\_ No \_\_\_\_\_
46. Does your organization conduct a physical inventory and reconciliation of property at least every two years?  
Yes\_\_\_\_\_ No \_\_\_\_\_
47. Does your property management system account for adequate maintenance, disposition or encumbrance of the property according to federal requirements?  
Yes\_\_\_\_\_ No \_\_\_\_\_

---

Signature

---

Date

---

Printed Name

---

Title

---

Email Address

---

Telephone Number

Contact Person's Name for Future Requests if different from above: \_\_\_\_\_

Submit this form with the RWB RFGA Application as part of the Eligibility Determination Section.

**Attachment 11**

**Grantee Certification of Compliance**

**CERTIFICATION OF COMPLIANCE WITH THE “SECURITY AND CONFIDENTIALITY  
STANDARDS FOR PUBLIC HEALTH DATA AND DESIGNATION OF OVERALL  
RESPONSIBLE PARTY (ORP)”**

By signing and submitting this form, we certify our compliance with CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention’s *Data Security and Confidentiality Guidelines*. We acknowledge that all standards included in the guidelines have been implemented unless otherwise justified in an attachment to this statement. We agree to apply the standards to all staff and Grantees funded through CDC HIV/AIDS Prevention or HRSA’s Ryan White Care programs that have access to or maintain confidential health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the persons listed below and available upon request.

**Name(s), title(s), & phone number(s) of the proposed Overall Responsible Party (ORP) or ORP Panel.**

Name	Title	Telephone

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**Organization**

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**Signature: Executive Director**

---

**Signature: Authorized Business Official**

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**Date**

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**Date**



## Attachment 12

### Procedures for Dispute Resolution

#### I. DISPUTE PROCEDURES FOR GRANT PROGRAM APPLICATIONS DURING THE APPLICATION PROCESS

The following dispute procedures are available to any community-based organization, local or county program or any other applicant that objects to any requirement(s) as outlined in a Request for Grant Applications (RFGA), amendment to RFGA or does not receive a distribution of funding as a grantee under a federal, state, or combined federal/state grant program. An applicant or grantee that disagrees with any element of the grant requirements or with the distribution of funding is also referred to herein as a “requestor.”

- A. **Request or Application for Funding.** Subject to conditions set forth in these procedures, any prospective applicant desiring to file a dispute concerning DHEC’s proposed evaluation of applications or proposed manner of distribution of funds (as outlined in the RFGA) shall e-mail or fax a Notification of Appeal to the First Line of Dispute\*, within ***three (3) business days*** of the posting date of the RFGA or any amendment thereto. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within ***three (3) business days*** of receipt of a notification of appeal, the First Line of Dispute shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the prospective applicant. If the prospective applicant is not satisfied with the decision rendered by the First Line of Dispute, the applicant shall e-mail or fax written notification to the DHEC Program Area Director\* within ***two (2) business days*** of the date of the written notification of decision from the First Line of Dispute. The Program Area Director will conduct a review and e-mail or fax a written decision to the prospective applicant within ***three (3) business days***. The written decision will be final and may not be further appealed by the requestor.
- B. **Award to an Applicant.** A requestor with a dispute regarding the Notification of Award shall e-mail, fax or mail a Notification of Appeal to the First Line of Dispute within ***three (3) business days*** of the date of posting of the Notification of Award. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within ***three (3) business days*** of receipt of a notification of appeal, the First Line of Dispute shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the requestor. If the requestor is not satisfied with the decision rendered by the First Line of Dispute, the requestor shall e-mail or fax written notification to the Program Area Director within ***three (3) business days*** of the date of the written response from the First Line of Dispute. The Program Area Director will conduct a review and e-mail or fax a written decision to the requestor within ***three (3) business days***. The written decision will be final and may not be further appealed by the requestor.

- C. **Notice of Decision.** A copy of all correspondence or decisions under this dispute resolution procedure shall be mailed or otherwise furnished immediately to the requestor and any other party intervening.

**Awards are not final until the dispute process has concluded.**

## **II. PROCEDURES FOR GRANT DISPUTES OR CONTROVERSIES REGARDING DHEC'S EVALUATION OF A GRANTEE'S EXPENDITURES IN THE POST-AWARD PHASE**

- A. **Applicability.** These procedures shall apply to controversies between DHEC and a grantee when the grantee disagrees with DHEC's evaluation of an expenditure by the grantee as "not allowed" under the grant program requirements. These procedures constitute the exclusive means of resolving a controversy between DHEC and a grantee of an awarded grant.
- B. **Complaint against Grant Program Management.** No later than *thirty (30) calendar days* after receiving notice that the agency's grant program area has denied an expenditure, a grantee must e-mail, or fax written notice identifying any dispute or controversy to the Grant Program Manager. The Grant Program Manager will, within *thirty (30) calendar days* thereafter, review and attempt to informally resolve the dispute or controversy. If the dispute cannot be mutually resolved within that timeframe, a grantee wishing to continue pursuit of the dispute must e-mail or fax written notice of the dispute to the Program Area Director within *five (5) business days* following the 30-day review period. The Program Area Director or his/her designee will, within *ten (10) business days* of receipt of a written notice of the dispute, meet or hold a conference call with the grantee. Within *ten (10) business days* after such consultation with the grantee, the Program Area Director will e-mail or fax the grantee with a written determination as to his/her decision regarding the disposition of the expenditure. The decision of the Program Area Director will be final and may not be further appealed by the requestor.

\* *Contacts are listed below:*

### **First Line of Dispute:**

Larisa Bruner  
SCDHEC  
2100 Bull Street  
Columbia, SC 29201  
Phone: (803) 898-0419  
Email: [brunerld@dhec.sc.gov](mailto:brunerld@dhec.sc.gov)

### **Program Area Director:**

Ali Mansaray  
SCDHEC  
2100 Bull Street  
Columbia, SC 29201  
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